2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# 727120

Entity Name: NAPLES CHRISTIAN ACADEMY ASSOCIATION, INC.

Current Principal Place of Business:

3161 SANTA BARBARA BLVD
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

3161 SANTA BARBARA BLVD
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 59-1479653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUGANIS, MICHAEL
3161 SANTA BARBARA BLVD
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SUE NITE, KAREN
Address: 783 ANDERSON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: STUMBO, JULIE
Address: 5109 INAGUA WAY
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete
Name: MILLER, STEVE C
Address: 3161 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: EHRGOTT, ERIN
Address: 738 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete
Name: RUGANIS, MICHAEL
Address: 3590 13 AVE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT C JONES ED 01/10/2007
Electronic Signature of Signing Officer or Director — Date