2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 740541

Entity Name: REDLAND CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

17700 SW 280 ST.
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

17700 SW 280 ST.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 59-1795662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDBILLIG, THEODORE W
17700 SW 280 STREET
HOMESTEAD, FL 33031 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:	VD	( ) Delete
Name:	PREWITT, LOWELL	
Address:	1691 NW 8 STREET	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	S	( ) Delete
Name:	BRAY, DORIS	
Address:	18485 SW 295 TERRACE	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	T	( ) Delete
Name:	MILBURN, BRIAN	
Address:	323 SW 4TH ST.	
City-St-Zip:	FLORIDA CITY, FL 33034	
Title:	P	( ) Delete
Name:	WALDBILLIG, THEODORE	
Address:	16940 SW 276 ST	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	D	( ) Delete
Name:	WITHERS, DANA	
Address:	16920 SW 300 ST	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	( ) Delete
Name:	ANGRY, MARY	
Address:	25879 SW 132 PLACE	
City-St-Zip:	HOMESTEAD, FL 33032	

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

I hereby certify that the information supplied with this filing does not qualify 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: THEODORE WALDBILLIG P 03/20/2009

Electronic Signature of Signing Officer or Director — Date