2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 758628

Entity Name: HERNANDO CHRISTIAN PRIVATE ACADEMY, INC.

Current Principal Place of Business:

7200 EMERSON RD
BROOKSVILLE, FL 346015736 US

New Principal Place of Business:

Current Mailing Address:

7200 EMERSON RD
BROOKSVILLE, FL 346015736 US

New Mailing Address:

FEI Number: 59-2102319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCKLEY, RHONDA
26585 OLD SPRING LAKE ROAD
BROOKSVILLE, FL 34602 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:	D	( ) Delete
Name:	WILFONG, PAMELA S MRS.	
Address:	21033 VIOLET ROAD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	VD	( ) Delete
Name:	SULLIVAN, ROBERT MR.	
Address:	8007 REDBUD LANE	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	SD	( ) Delete
Name:	WEST, DEE MRS.	
Address:	19049 POWELL RD	
City-St-Zip:	BROOKSVILLE, FL 34604	
Title:	PD	( ) Delete
Name:	BUCKLEY, RHONDA MRS.	
Address:	26585 OLD SPRING LAKE ROAD	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	TD	( ) Delete
Name:	KNIGHT, SCOTT	
Address:	120 LEGACY LANE	
City-St-Zip:	MASARYKTOWN, FL 34604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	LOWE, MELISA MRS.	
Address:	25646 HALSEY ROAD	
City-St-Zip:	BROOKSVILLE, FL 34601	
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:	D	(X) Change ( ) Addition
Name:	HOTCHKISS, COLLEEN MRS.	
Address:	19286 QUIET OAK LANE	
City-St-Zip:	BROOKSVILLE, FL 34604	

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: RHONDA BUCKLEY PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date