2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F03000001136

Entity Name: SOUTHERN BAPTIST ASSOCIATION OF CHRISTIAN SCHOOLS, INC.

Current Principal Place of Business:

7586 W SAND LAKE RD
ORLANDO, FL 32819

New Principal Place of Business:

700 GOOD HOMES RD.
ORLANDO, FL 32818

Current Mailing Address:

P O BOX 1204
WINDERMERE, FL 347861204

New Mailing Address:

FEI Number: 62-1583217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBLE, EDWARD E
4 EDENTON CT.
OCOEE, FL 34761 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: DR. ( ) Delete
Name: TINGLE, PHIL DR.
Address: 10310 NE 195TH STREET
City-St-Zip: BOTHELL, WA 98011

Title: VP ( ) Delete
Name: HARMON, CHRIS MR.
Address: 140 MAGNOLIA AVE.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ED (X) Delete
Name: GAMBLE, EDWARD E MR.
Address: 4 EDENTON COURT
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: TINGLE, PHIL DR.
Address: 3750 COLONIAL BOULEVARD
City-St-Zip: FORT MYERS, FL 33912

Title: MR. (X) Change ( ) Addition
Name: GAMBLE, EDWARD E MR.
Address: 700 GOOD HOMES ROAD
City-St-Zip: ORLANDO, FL 32818

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: EDWARD E. GAMBLE MR. 01/21/2009

Electronic Signature of Signing Officer or Director — Date