2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 07, 2001 8:00 am Secretary of State DOCUMENT # N0000001672 1. Entity Name TREASURE COAST CHRISTIAN ACADEMY INC. 08-07-2001 90004 045 ****61.25 Principal Place of Business Mailing Address 1957 SW LENNOX STREET 1957 SW LENNOX STREET PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address 500 3 W Bethany Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **NETWIG, CINDY** 1957 SW LENNOX STREET PORT ST LUCIE FL 34953 City Zip Code 8. 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Barkley, Marion 2307 SW Kent Cir NETWIG, BILL NAME 1957 SW LENNOX STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34953 CITY-ST-ZIP Port St. Lucie, FL 34953 PD TITLE Delete TITLE Netwig Cynthia 1957 SW Lennox St. **NETWIG. BILL** NAME NAME 1957 SW LENNOX STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34953 CITY-ST-ZIP .SD Delete. TITLE Addition TELLEX, MARGE NAME 2307 510 Kent STREET ADDRESS 907 N ATLANTIC DR STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TELLEX, PETER NAME STREET ADDRESS 907 N ATLANTIC DR STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIE ٧D TITLE ☐ Delete ☐ Change ☐ Addition LOCKE, SUZANNE NAME STREET ADDRESS 2132 SE FLANDERS RD STREET ADDRESS CITY-ST-ZIP PT ST LUCIE FL 34953 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: