2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000001672

Entity Name: TREASURE COAST CHRISTIAN ACADEMY INC.

Current Principal Place of Business:

590 NW PEACOCK BLVD.
SUITE 5
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

590 NW PEACOCK BLVD.
SUITE #4
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

590 NW PEACOCK BLVD.
SUITE 5
PORT ST LUCIE, FL 34986

New Mailing Address:

590 NW PEACOCK BLVD.
SUITE #4
PORT ST LUCIE, FL 34986

FEI Number: 65-1018065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NETWIG, CYNTHIA
1957 SW LENNOX STREET
PORT ST LUCIE, FL 34953 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:	P	( ) Delete
Name:	NETWIG, WILLIAM F MR.	
Address:	1957 SW LENNOX ST.	
City-St-Zip:	PORT ST LUCIE, FL 34953	
Title:	T	( ) Delete
Name:	TELLEX, MARGE K MRS.	
Address:	2357 SW DEEPWOOD PASS	
City-St-Zip:	PALM CITY, FL 34990	
Title:	VP	( ) Delete
Name:	NETWIG, CYNTHIA J MRS.	
Address:	1957 SW LENNOX ST.	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	D	( ) Delete
Name:	TELLEX, PETER A	
Address:	2357 SW DEEPWOOD PASS	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	LOCKE, SUZANNE M MRS.	
Address:	2151 FIRESIDE RD.	
City-St-Zip:	DELTONA, FL 32738	
Title:	S	( ) Delete
Name:	PFISTER, MARY J MRS.	
Address:	1925 GROVE AVE.	
City-St-Zip:	FRIENDSHIP, WI 53934	

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: WILLIAM F. NETWIG PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date