

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003353

Entity Name: AIM HIGH CHRISTIAN ACADEMY, INC.

FILED  
Jan 12, 2004  
Secretary of State

**Current Principal Place of Business:**

344 S W 4TH AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

1013 N.W. REDLAND RD.  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P O BOX 924130  
PRINCETON, FL 33092

**New Mailing Address:**

FEI Number: 65-1010096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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: PD      ( ) Delete  
Name: THOMAS, GWENDOLYN M  
Address: 344 SOUTHWEST 4TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD      ( ) Delete  
Name: THOMAS, CURTIS  
Address: 344 SOUTHWEST 4TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: T      ( ) Delete  
Name: MAYS, ALTOMEASE M  
Address: 344 SOUTHWEST 4TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: THOMAS, GWENDOLYN M  
Address: 1013 N.W. REDLAND RD.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD      (X) Change ( ) Addition  
Name: THOMAS, CURTIS  
Address: 1013 N.W. REDLAND RD.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: T      (X) Change ( ) Addition  
Name: MAYS, ALTOMEASE M  
Address: 1013 N.W. REDLAND RD.  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GWENDOLYN THOMAS

MRS.

01/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date