


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90011 005 ****90.00

DOCUMENT # N00000003747

1. Entity Name
ANASTASIA CHRISTIAN TEACHING SERVICES, INC.



Principal Place of Business
**1650 A1A SOUTH
 ST. AUGUSTINE, FL 32084**

Mailing Address
**1650 A1A SOUTH
 ST. AUGUSTINE, FL 32084**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3650633

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCLEOD, ROBERT L II
 43 CINCINNATI AVENUE
 ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CAROL 45 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, PEGGY 1303 RIVIERIA ST SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATT, JAMES 525 GERONA RD SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, BILLIE 4253 WICKS BRANCH RD SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCHILD, DONNA 21 DONDANVILLE RD #2 SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, LINDA 957 OXFORD DR SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMWELL, HOLLY 3468 KINGS RD. SOUTH SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, MARCIA 1164 NOCHAWAY DRIVE SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINGFELDER, STEVEN 3 E SEA OAKS DR. SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWETT, EVELYN 220 TREASURE BEACH RD. SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Billie Lewis *Billie Lewis* 1-22-08 471 2859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #