

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003747

FILED
Jun 28, 2009
Secretary of State

Entity Name: ANASTASIA CHRISTIAN TEACHING SERVICES, INC.

Current Principal Place of Business:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32084

New Mailing Address:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32080

FEI Number: 59-3650633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLEOD, ROBERT L II
43 CINCINNATI AVENUE
ST. AUGUSTINE, FL 32084 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: D () Delete
Name: CROMWELL, HOLLY
Address: 3468 KINGS RD S
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P (X) Delete
Name: STEPHENS, PEGGY
Address: 1303 RIVIERIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: MATT, JAMES
Address: 525 GERONA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: STD () Delete
Name: LEWIS, BILLIE
Address: 4253 WICKS BRANCH RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: NORMAN, MARCIA
Address: 1164 NOCHAWAY DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: HOOD, LINDA
Address: 957 OXFORD DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MATTHEW, JAMES
Address: 525 GERONA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: HEWETT, EVELYN
Address: 220 TREASURE BEACH ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: O (X) Change () Addition
Name: HOOD, LINDA
Address: 957 OXFORD DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: MATTHEW JAMES

P

06/28/2009

Electronic Signature of Signing Officer or Director

_____ Date