

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003747

FILED
Jan 21, 2010
Secretary of State

Entity Name: ANASTASIA CHRISTIAN TEACHING SERVICES, INC.

Current Principal Place of Business:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3650633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: P
Name: LORD, DAVID
Address: 112 HONDO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: O
Name: TAYLOR, AMY
Address: 356 SUMMERCove CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: O
Name: MARMO, RENEE
Address: 497 MACKENZIE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

Title: O
Name: HOOD, LINDA
Address: 957 OXFORD DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: O
Name: TAYLOR, KATINA
Address: 39 OCEAN WOODS DR. E.
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: DAVID LORD

P

01/21/2010

Electronic Signature of Signing Officer or Director

Date