

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003747

FILED
Mar 26, 2012
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: O
Name: BUCHANAN, CATHY
Address: 446 SEGOVIA RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: O
Name: CURTIN, ERIC
Address: 625 S TREE GARDEN DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: O
Name: GRAHAM, SUSAN
Address: 1150 SAN JOSE FOREST DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: O
Name: KEY, SKEETER
Address: 600 MULLIGAN WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: O
Name: MCGEE, PATRICK
Address: 729 PORTA ROSA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: HANNAHLEE GOEDELMA

D

03/26/2012

Electronic Signature of Signing Officer or Director

_____ Date