

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004179

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: THE CHRISTI ACADEMY, INC.

## Current Principal Place of Business:

6855 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319 US

## New Principal Place of Business:

## Current Mailing Address:

6855 W. COMMERCIAL BLVD  
TAMARAC, FL 33319 US

## New Mailing Address:

6855 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319 US

FEI Number: 65-1016510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELLWEGE, NANCY  
6855 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319 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: VPD ( ) Delete  
Name: TARA, RANDOLPH C VPD  
Address: 2820 NW 11TH AVE.  
City-St-Zip: WILTON MANORS, FL 33311 US

Title: TD ( ) Delete  
Name: FINIZIO, STEPHEN J TD  
Address: 1863 DISCOVERY DR.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD ( ) Delete  
Name: HELLWEGE, NANCY C  
Address: 7701 SW 6TH STREET  
City-St-Zip: N LAUDERDALE, FL 33068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TARA RANDOLPH

VPD

01/15/2008

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

\_\_\_\_\_  
Date