

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90083 033 \*\*\*\*61.25

**DOCUMENT # N00000005295**

1. Entity Name  
**CORINTH CHRISTIAN ACADEMY, INC.**



Principal Place of Business  
**7042 SW 41ST AVE.  
JASPER, FL 32052**

Mailing Address  
**7413 SW 39TH AVENUE  
JASPER, FL 32052**

**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3666443**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALEY, WILLIAM J  
10 N COLUMBIA ST  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURNETT, TERRI LYNN  
7318 SW 37TH TERR  
JASPER, FL 32052**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BURNETT, JOSEPH CRAIG  
7408 SW 37TH TERRACE  
JASPER, FL 32052**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
BELL, BENJAMIN R  
7272-213TH RD  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CREECH, WILLIE GERALD  
4597 SW 72ND DRIVE  
JASPER, FL 32052**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BURNETT, CHARLES R  
7298 SW 37TH TERRACE  
JASPER, FL 32052**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
NICHOLS, SANDY  
7413 SW 39TH AVENUE  
JASPER, FL 32052**

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IN THIS SPACE**

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:** Sandy Nichols  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08 386 938 2270  
Date Daytime Phone #