

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005295

FILED
Apr 28, 2009
Secretary of State

Entity Name: CORINTH CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

7042 SW 41ST AVE.
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

7413 SW 39TH AVENUE
JASPER, FL 32052

New Mailing Address:

7042 SW 41ST AVE
JASPER, FL 32052

FEI Number: 59-3666443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, WILLIAM J
10 N COLUMBIA ST
LAKE CITY, FL 32055 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: BURNETT, TERRI LYNN
Address: 7318 SW 37TH TERR
City-St-Zip: JASPER, FL 32052

Title: PD () Delete
Name: BURNETT, JOSEPH CRAIG
Address: 7408 SW 37TH TERRACE
City-St-Zip: JASPER, FL 32052

Title: DVP () Delete
Name: BELL, BENJAMIN R
Address: 7272-213TH RD
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CREECH, WILLIE GERALD
Address: 4597 SW 72ND DRIVE
City-St-Zip: JASPER, FL 32052

Title: T () Delete
Name: BURNETT, CHARLES R
Address: 7298 SW 37TH TERRACE
City-St-Zip: JASPER, FL 32052

Title: S () Delete
Name: NICHOLS, SANDY
Address: 7413 SW 39TH AVENUE
City-St-Zip: JASPER, FL 32052

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:

Title: () Change () Addition
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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: SANDY NICHOLS

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date