2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N01000008429

Entity Name: DAVE THOMAS CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

223 MASSACHUSETTS AVE.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

PO BOX 17702
PENSACOLA, FL 325227702

New Mailing Address:

FEI Number: 59-3723430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JACQUELINE L
8609 UNTREINER AVE.
PENSACOLA, FL 32534 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:	GULLEY, PATRICIA J	
Address:	6040 TOULOUSE DR.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D	( ) Delete
Name:	THOMAS, JACQUELINE L	
Address:	8609 UNTREINER AVE.	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	D	( ) Delete
Name:	THOMAS, DAVID L	
Address:	1519 KYLE DR.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D	( ) Delete
Name:	THOMAS-HALL, VALERIE	
Address:	1537 KYLE DRIVE	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D	( ) Delete
Name:	PHILLIPS, SAMUEL L	
Address:	3005 NORTH TARRAGONA STREET	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	GULLEY, SAMUEL L	
Address:	6040 TEULOUSE DRIVE	
City-St-Zip:	PENSACOLA, FL 32505	

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
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GULLEY, SAMUEL L	
Address:	6040 TOULOUSE DRIVE	
City-St-Zip:	PENSACOLA, FL 32505	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA J GULLEY D 04/26/2004

Electronic Signature of Signing Officer or Director — Date