## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003739

FILED Apr 08, 2009 Secretary of State

Entity Name: MILLENNIAL CHRISTIAN SCHOOLS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	RGETOWN D VILLE, FL 32				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	RGETOWN D NVILLE, FL 32				
FEI Number	: 03-0451207	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
14659 MC JACKSON The above	HY, MARIA DORE BRANCI VILLE, FL 32 E named entity e of Florida.	234 US	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	Electro S AND DIREC			Date  GES TO OFFICERS AND DIRECTORS	
<b>OFFICER</b> Fitle: Name: Address: City-St-Zip:	S AND DIRECT PD ( MCCARTHY, M	CTORS: ) Delete MARIA E BRANCH RD			
Fitle: Name: Address:	PD ( MCCARTHY, N 14659 MOORI JACKSONVILL	DTORS:  ) Delete MARIA E BRANCH RD LE, FL 32234  ) Delete SA LD RD	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD ( MCCARTHY, M 14659 MOORI JACKSONVILI  VP ( HANEY, TERE 635 WHITFIEL JACKSONVILI  TD ( GAUDINO, JO	Delete MARIA E BRANCH RD LE, FL 32234  ) Delete SA LD RD LE, FL 32221  ) Delete SEPH S CREEK DRIVE W	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Name: Name: Name:	PD ( MCCARTHY, M 14659 MOORI JACKSONVILI  VP ( HANEY, TERE 635 WHITFIEL JACKSONVILI  TD ( GAUDINO, JO 1354 MCGIRT JACKSONVILI	Delete MARIA E BRANCH RD LE, FL 32234  ) Delete SA LD RD LE, FL 32221  ) Delete SEPH S CREEK DRIVE W LE, FL 32221  ) Delete PATRICIA BAY HWY	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: MARIA MCCARTHY PD 04/08/2009