2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004
Secretary of State

DOCUMENT# N02000004884

Entity Name: IRENE'S CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

5825 PONDWOOD CT
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5825 PONDWOOD CT
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 01-0731740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROSPERE, IRENE
5825 PONDWOOD CT
ORLANDO, FL 32810

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: PROSPERE, IRENE
Address: 5825 PONDWOOD CT
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: WEEKES, JOHN DR.
Address: 621 ASHBERRY LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: LEE, CECILE
Address: 6645 HAWKSMOOR DR
City-St-Zip: ORLANDO, FL 32818

Title: M ( ) Delete
Name: FRANCIS, JANICE
Address: 5831 PONDWOOD COURT
City-St-Zip: ORLANDO, FL 3281

Title: M ( ) Delete
Name: FERGUSON, ELSIE
Address: 5828 WYAT COURT
City-St-Zip: ORLANDO,, FL 32810

Title: T ( ) Delete
Name: PROSPERE, IRENE
Address: 5825 PONDWOOD COURT
City-St-Zip: ORLANDO, FL 3281

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

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: IRENE PROSPERE D 05/18/2004

Electronic Signature of Signing Officer or Director — Date