

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004884

FILED
Apr 16, 2009
Secretary of State

Entity Name: IRENE'S CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

3403 NORTH PINE HILLS ROAD
ORLANDO, FL 32808

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

Title: D () Delete
Name: WEEKES, JOHN DR.
Address: 633 SPRING OAKS DR
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: PROSPERE, ANGUST
Address: 5825 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: S (X) Change () Addition
Name: LEE, CECILE
Address: 6645 HAWKSMOOR DR
City-St-Zip: ORLANDO, FL 32818

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 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: IRENE PROSPERE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date