

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005472

FILED
Apr 21, 2005
Secretary of State

Entity Name: CANDLELIGHT CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

191 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

851 CHALET SUZANNE ROAD
LAKE WALES, FL 33859

Current Mailing Address:

191 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 81-0563798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, TIMOTHY R
191 GREENFIELD ROAD
WINTER HAVEN, FL 33884 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: DP () Delete
Name: WISEMAN, PATRICIA D
Address: 191 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DST () Delete
Name: WISEMAN, TIMOTHY R
Address: 191 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: IRACE, KAREN S
Address: 7125 KATHLEEN ROAD
City-St-Zip: LAKELAND, FL 33810

Title: DVP () Delete
Name: WELCH, R. TIMOTHY
Address: 430 MARIETTA STREET
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: GIFFIN, MELISSA
Address: 3700 YOUNG ROAD
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: IRACE, KAREN S
Address: 7125 KATHLEEN ROAD
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Change () Addition
Name: SHEIL, PATRICK J JR
Address: 50 LAKE HAMILTON CIRCLE W
City-St-Zip: WINTER HAVEN, FL 33884

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: TIMOTHY R. WISEMAN

DST

04/21/2005

Electronic Signature of Signing Officer or Director

Date