

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005472

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** CANDLELIGHT CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

851 CHALET SUZANNE ROAD  
LAKE WALES, FL 33859

**New Principal Place of Business:**

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

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

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: ( ) 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 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: TIMOTHY R. WISEMAN

DST

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date