2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
02-16-2005 90029 006 ****61.25

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1. Entity Name
FOUR TOWNS CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
991 SYLVIA DRIVE DELTONA, FL 32725	991 SYLVIA DRIVE DELTONA, FL 32725

66005729

02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0808324
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, GENEVIEVE L
991 SYLVIA DRIVE
DELTONA, FL 32725

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, GENEVIEVE L
STREET ADDRESS	991 SYLVIA DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	WILSON, MARK A
STREET ADDRESS	991 SYLVIA DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	POLLOCK, PATRICIA A
STREET ADDRESS	883 TRUMBULL STREET
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Genevieve L Wilson 3/9/05 386-789-5294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #