
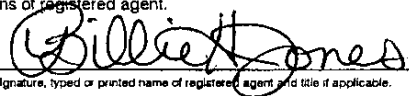

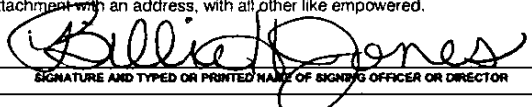


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000007083 1. Entity Name FOUR TOWNS CHRISTIAN ACADEMY, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div>2008 JUN 26 AM 8:59</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 991 SYLVIA DRIVE DELTONA, FL 32725				Mailing Address 991 SYLVIA DRIVE DELTONA, FL 32725			
2. Principal Place of Business - No P.O. Box # 354 Stark Avenue				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Orange City, FL				City & State			
Zip 32763		Country Volusia		Zip		Country	
4. FEI Number 55-0808324				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILSON, GENEVIEVE L 991 SYLVIA DRIVE DELTONA, FL 32725				7. Name and Address of New Registered Agent Name Billie Jones Street Address (P.O. Box Number is Not Acceptable) 354 Stark Avenue City Orange City FL Zip Code 32763			
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 6/20/08			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GENEVIEVE L 991 SYLVIA DRIVE DELTONA, FL 32725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billie Jones 354 Stark Avenue Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MARK A 991 SYLVIA DRIVE DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Jones 354 Stark Avenue Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, PATRICIA A 863 TRUMBULL STREET DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	300132310293 07/07/08--01006--014 **70.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date 6/20/08 Daytime Phone # 386-774 2567			