


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000007083	
1. Entity Name FOUR TOWNS CHRISTIAN ACADEMY, INC.	

FILED
08 AUG 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 354 Stark Ave Orange City, FL 32763	Mailing Address SAME
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2. Principal Place of Business - No P.O. Box # 991 Sylvia Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06062008 Chg-NP CR2E037 (12/06)

City & State Deltona, FL	City & State
Zip 32725	Country Volusia

4. FEI Number 55-0808324	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent Billie Jones 354 Stark Ave Orange City, FL 32763

7. Name and Address of New Registered Agent Name: Genevieve Wilson Street Address: 991 Sylvia Drive City: Deltona, FL Zip: 32725

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 a registered agent.

SIGNATURE: Genevieve Wilson DATE: 8, 15, 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WILSON, GENEVIEVE L 991 SYLVIA DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D Jones, Brian 354 Stark Ave Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D Jones, Billie 354 Stark Ave Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WILSON, MARK A 991 SYLVIA DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D POLLOCK, PATRICIA A 883 TRUMBULL STREET DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500135603185 03/03/08-01026-024 ***01-25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Genevieve Wilson DATE: 8/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JC 8/25