

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90022 044 ****70.00

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1. Entity Name

COOPER CITY CHRISTIAN ACADEMY, INC.



Principal Place of Business

5201 SOUTH FLAMINGO RD.
COOPER CITY FL 33330

Mailing Address

5201 SOUTH FLAMINGO RD.
COOPER CITY FL 33330

24018257



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

03-0491908

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HATTABAUGH, MARK
5201 SOUTH FLAMINGO RD.
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name Liza Caballero

Street Address (P.O. Box Number is Not Acceptable)

5201 South Flamingo Rd.

Cooper City, Florida 33330

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CABALLERO, LIZA
STREET ADDRESS 19075 NW 23 ST
CITY - ST - ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME HATTABAUGH, MARK
STREET ADDRESS 17865 SW 1ST ST.
CITY - ST - ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME ROUNDTREE, JOHNNY
STREET ADDRESS 520 NW 195TH
CITY - ST - ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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:

Liza Caballero

3/3/04

954

559-5095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #