
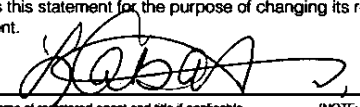
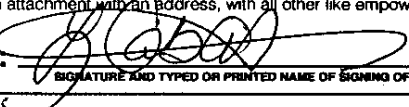


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90074 038 \*\*\*\*\*70.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N02000007554</b><br>1. Entity Name<br><b>COOPER CITY CHRISTIAN ACADEMY, INC.</b>  |   |   |  |                           |  |
| Principal Place of Business<br><b>5201 SOUTH FLAMINGO RD.<br/>COOPER CITY, FL 33330</b>   |   |   | Mailing Address<br><b>5201 SOUTH FLAMINGO RD.<br/>COOPER CITY, FL 33330</b>  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  |  |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>03-0491908</b>   |  |
|   |   |   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>CABALLERO, LIZA<br/>5201 SOUTH FLAMINGO RD.<br/>COOPER CITY, FL 33330</b>  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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:  <b>LIZA Caballero</b> <span style="float: right;"><b>3/9/05</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>CABALLERO, LIZA<br/>19075 NW 23 ST<br/>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Director<br/>Caballero, Liza<br/>5201 S. Flamingo Rd.<br/>Cooper City, FL 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>HATTA BAUGH, MARK<br/>17865 SW 1ST ST.<br/>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Director<br/>Hattabaugh, Mark<br/>5201 S. Flamingo Rd.<br/>Cooper City, FL 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>ROUNDTREE, JOHNNY<br/>520 NW 195TH<br/>PEMBROKE PINES, FL 33029</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  <span style="float: right;"><b>3/9/05</b> <b>754 423 3153</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |  |  |