

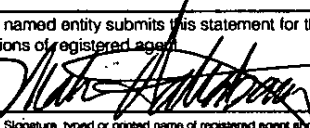



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90208 020 \*\*\*\*61.25

<b>DOCUMENT # N02000007554</b> 1. Entity Name <b>COOPER CITY CHRISTIAN ACADEMY, INC.</b>					
Principal Place of Business <b>5201 SOUTH FLAMINGO RD. COOPER CITY, FL 33330</b>			Mailing Address <b>5201 SOUTH FLAMINGO RD. COOPER CITY, FL 33330</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03222006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>03-0491908</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CABALLERO, LIZA 5201 SOUTH FLAMINGO RD. COOPER CITY, FL 33330</b>			7. Name and Address of New Registered Agent Name <b>Mark Hattabaugh</b> Street Address (P.O. Box Number is Not Acceptable) <b>5201 S. Flamingo Rd</b> City <b>Cooper City</b> FL <b>33330</b>		
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>MARK HATTABAUGH</b>		<b>4-26-2006</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABALLERO, LIZA <input checked="" type="checkbox"/> Delete 5201 S FLAMINGO ROAD COOPER CITY, FL 33330				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTABAUGH, MARK <input type="checkbox"/> Delete 5201 S FLAMINGO ROAD COOPER CITY, FL 33330				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
Brian Fegter, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 S. Flamingo Rd Cooper City FL 33330					
Paul Volan, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 S. Flamingo Rd Cooper City FL 33330					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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:  <b>MARK HATTABAUGH</b> <b>4-26-06</b> <b>954-688-0710</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					