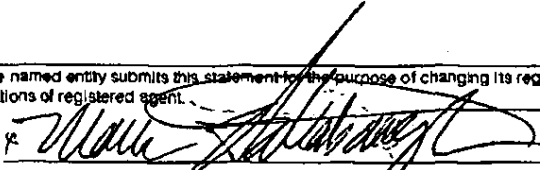
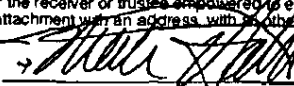


FILED
Aug 01, 2003 8:00 am
Secretary of State

5/1

05-14-2003 90140 038 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000007554					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 03-0491908				262512	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDY, PAMELA 6201 SOUTH FLAMINGO RD. COOPER CITY, FL 33330				7. Name and Address of New Registered Agent Name: MARK HATTABAUGH Street Address (P.O. Box Number is Not Acceptable): 5201 SOUTH FLAMINGO RD City: COOPER CITY FL Zip Code: 33330	
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: 4-22-2003 (NOTE: Registered Agent's signature required when dissolving)					
FILE NOW FEE IS \$61.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, PAMELA 1200 NE 4TH ST. POMPAN0 BEACH, FL 33060 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Liza Caballero 19075 NW 23 st Pembroke Pines, FL 33029 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTABAUGH, MARK 17865 SW 1ST ST. PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDTREE, JOHNNY 620 NW 195TH PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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)(f), 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 an other like empowered.					
SIGNATURE: 			4-22-2003 954-680-0710		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		