

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008375

FILED
Jun 01, 2007
Secretary of State

Entity Name: ROCKY BAYOU CHRISTIAN SCHOOL PTF INC.

Current Principal Place of Business:

124 PETERS COURT
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

124 PETERS COURT
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 61-1430783 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GALLAGHER, DEBBIE
124 PETERS COURT
FREEPORT, FL 32439 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLAGHER, DEBBIE
Address: 124 PETERS COURT
City-St-Zip: FREEPORT, FL 32439

Title: VPD (X) Delete
Name: CAMACHO, MICHELLE
Address: 634 KILCULLEN DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Delete
Name: CAMACHO, MICHELLE
Address: 634 KILCULLEN DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Delete
Name: PAVEK, MOLLY
Address: 1691 GLENWOOD COURT
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE GALLAGHER

P

06/01/2007

Electronic Signature of Signing Officer or Director

Date