2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N02000009092

Entity Name: GARDEN CREST CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

5901 NINTH AVE NORTH
ST PETERSBURG, FL 337106295

New Principal Place of Business:

Current Mailing Address:

5901 NINTH AVE NORTH
ST PETERSBURG, FL 337106295

New Mailing Address:

FEI Number: 01-0765025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JACK L
11810 CAPRI CIRCLE SOUTH
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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: TP ( ) Delete
Name: JONES, JACK L
Address: 11810 CAPRI CIRCLE SOUTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TS ( ) Delete
Name: COSTI, CAMILLE
Address: 6325 32ND AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: T ( ) Delete
Name: CHRISTOPHER, ANGEL
Address: 231 53RD ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T ( ) Delete
Name: SPATOL, ELAINE
Address: 11145 74TH ST. E.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T ( ) Delete
Name: BAILEY, DORIS
Address: 3719 13TH AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33719

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:

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: JACK JONES DIR 01/16/2009
Electronic Signature of Signing Officer or Director — Date