


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90988 046 \*\*\*\*61.25

<b>DOCUMENT # N03000004980</b>	
1. Entity Name <b>WAKULLA CHRISTIAN SCHOOLS INC.</b>	

Principal Place of Business <b>1391 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>1391 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>
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**14015455**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

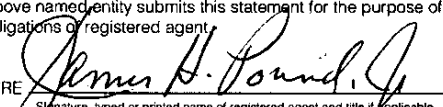
City & State	City & State
Zip	Country

4. FEI Number <b>16-1671691</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
<b>LINTON, GARY F 4001 MCLAUGHLIN DRIVE TALLAHASSEE, FL 32309</b>	

7. Name and Address of New Registered Agent	
Name <b>James H. Pound Jr.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1391 Crawfordville Highway</b>	
City <b>Crawfordville</b>	FL Zip Code <b>32327</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  **James H. Pound Vice-President** 4/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LINTON, GARY-F 4001 MCLAUGHLIN DRIVE TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V POUND, JAMES H JR. POST OFFICE BOX 235 OCHLOCKONEE BAY, FL 32346</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUNLAP, SAMUEL D POST OFFICE BOX 74 PANACEA, FL 32346</b> <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:**  **JAMES H. POUND, JR.** 04-28-05 926-5583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #