



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 23 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JSC

DOCUMENT # N03000004980 1. Entity Name WAKULLA CHRISTIAN SCHOOLS INC.						
Principal Place of Business 1391 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327			Mailing Address 1391 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State Zip Country		City & State Zip Country		4. FEI Number 16-1671691		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent POUND, JAMES H JR 1391 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P LINTON, GARY F 4001 MCLAUGHLIN DRIVE TALLAHASSEE, FL 32308		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL/PRESIDENT POUND, JAMES H. JR POST OFFICE BOX 235 PANACEA, FL 32346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POUND, JAMES H JR. POST OFFICE BOX 235 OCHLOCKONEE BAY, FL 32346		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN THOMAS, RALPH 637 HUNTERS TRACE CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, SAMUEL D POST OFFICE BOX 74 PANACEA, FL 32346		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BRIMNER, ED 3238 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ACKER, TODD 162 FISHER CREEK DRIVE CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div> 200098564912 04/25/07--01038--026 </div> <div> **61.25 </div> </div>						
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: <i>James H. POUND JR</i> 4/23/07 850-926-5583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						