



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90013 030 ****61.25

DOCUMENT # N03000004980 1. Entity Name WAKULLA CHRISTIAN SCHOOLS INC.					
Principal Place of Business 1391 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 US			Mailing Address 1391 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 US		
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			
					
01082008 Chg-NP CR2E037 (12/06)					
4. FEI Number 16-1671691				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 <u>X</u> <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, 2008		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C THOMAS, RALPH 637 Hunters Trace CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POUND, JAMES H JR P O BOX: 235 PANACEA, FL 32346 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRIMMER, ED 3238 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ACKER, TODD 162 FISHER CREEK DRIVE CRAWFORDVILLE, FL 32327 <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	Director Morris Donnell 133 Thornwood Road Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Phil Kelly 464 Wakulla Arran Road Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary David Whitstone Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" 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 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: <u>James H. POUND JR</u> Feb 21, 2008 850-926-5583 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					