2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N03000004980

Entity Name: WAKULLA CHRISTIAN SCHOOLS INC.

Current Principal Place of Business:

1391 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

1391 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 16-1671691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POUND, JAMES H JR
1391 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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: C ( ) Delete
Name: THOMAS, RALPH
Address: 637 HUNTERS TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: P ( ) Delete
Name: POUND, JAMES H JR
Address: P O BOX 235
City-St-Zip: PANACEA, FL 32346 US

Title: S ( ) Delete
Name: WHETSTONE, DAVID
Address: 3238 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: T ( ) Delete
Name: ACKER, TODD
Address: 162 FISHER CREEK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D ( ) Delete
Name: DONNELL, MORRIS
Address: 133 THORNWOOD ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: KELLY, PHIL
Address: 464 WAKULLA ARRON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

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: JAMES H. POUND, JR. P 04/28/2009
Electronic Signature of Signing Officer or Director — Date