2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008172

FILED Mar 02, 2006 Secretary of State

Entity Name: WORLD MISSION OF JESUS CHRIST CHRISTIAN ACADEMY CHRISTIAN ACADEMY INC.

Current Principal Place of Business: New Principal Place of Business: 5601 NW 2ND AVE MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 5601 NW 2ND AVE MIAMI, FL 33127 FEI Number: 90-0115476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAINT-JEAN, WILFIRD 5601 NW 2ND AVE MIAMI, FL 33127 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SAINT-JEAN, WILFRID Name: Name: 5601 NW 2ND AVE Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SAINT-JEAN, EMMANUELA Name: SAINT-JEAN, EMMANUELA Address: 495 NE 157 ST N Address: 8451 NW 5 AVE City-St-Zip: MIAMI BCH, FL 33262 City-St-Zip: MIAMI, FL 33150 Title: () Delete Title: () Change () Addition MOMPLAISIR, JOHN J Name: Name: 1470 NE 136 ST N Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: JOSEPH, NORMIL Name: 15400 NE 13TH AVE N Address: Address: City-St-Zip: MIAMI BCH, FL 33162 City-St-Zip: Title: () Delete Title: (X) Change () Addition GIORDAY, ANGE N SAINT-JEAN, ANGE N Name: Name: 945 NE 125 ST N 945 NE 125 ST N Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33161 Title: () Delete Title: (X) Change () Addition DEAS, ANGELA B ST-JEAN, JOAM D Name: Name: Address: 2012 NW 5TH PL Address: 8451 NW 5 AVE MIAMI, FL 33127 MIAMI, FL 33150 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILFRID SAINT-JEAN P 03/02/2006