

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 13, 2006**  
**Secretary of State**

DOCUMENT# N04000002000

**Entity Name:** COMMUNITY CHRISTIAN SCHOOL OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**2507 DELPRADO BLVD.  
CAPE CORAL, FL 33904 US**New Principal Place of Business:****Current Mailing Address:**15201 N. CLEVELAND AV.  
PMB #168  
NORTH FORT MYERS, FL 33903 US**New Mailing Address:****FEI Number:** 20-0814739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DAVIS, AMY J  
17381 KENTARA WAY  
FORT MYERS, FL 33913 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:** P ( ) Delete  
**Name:** DAVIS, AMY  
**Address:** 17381 KENTARA WAY  
**City-St-Zip:** FORT MYERS, FL 33913**Title:** V ( ) Delete  
**Name:** COE, DEBBI  
**Address:** 8724 CREST LANE  
**City-St-Zip:** FT MYERS, FL 33907**Title:** S ( ) Delete  
**Name:** ARCENTALES, DONNA  
**Address:** 11181 BENT PINE DR.  
**City-St-Zip:** FORT MYERS, FL 33913**Title:** T (X) Delete  
**Name:** FREW, TINA  
**Address:** 13289 GREYWOOD CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33913**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:**

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: AMY J DAVIS

P

05/13/2006

Electronic Signature of Signing Officer or Director

Date