2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N04000002000

Entity Name: CLASSICAL CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

7101 BAYSHORE RD.
N FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

15201 N. CLEVELAND AVENUE
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
2651 AMBER LAKE DRIVE
CAPE CORAL, FL 33909 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/D	( ) Delete
Name:	DAVIS, AMY	
Address:	2651 AMBER LAKE DRIVE	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	S/D	( ) Delete
Name:	CAMPBELL, JOAN	
Address:	900 NW 9TH AVENUE	
City-St-Zip:	CAPE CORAL, FL 33993	
Title:	D	( ) Delete
Name:	EVENSON, CAROL	
Address:	5006 SW 26TH PLACE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	HESS, WILLIAM	
Address:	1330 SE 38TH STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	T/D	( ) Delete
Name:	INGRAM, CHARLES	
Address:	13205 HAMPTON PARK CT.	
City-St-Zip:	FORT MYERS, FL 33913	
Title:	D	( ) Delete
Name:	SUAREZ, EDDIE	
Address:	2206 NW 21ST AVENUE	
City-St-Zip:	CAPE CORAL, FL 33993	

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:	D	(X) Change ( ) Addition
Name:	DEFRANCE, AMY	
Address:	4202 SW 6TH AVENUE	
City-St-Zip:	CAPE CORAL, FL 33914	
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: AMY J DAVIS P/D 04/17/2009

Electronic Signature of Signing Officer or Director — Date