

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 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: DEFRANCE, AMY
Address: 4202 SW 6TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914**Title:** T/D () Delete
Name: INGRAM, CHARLES
Address: 13205 HAMPTON PARK CT.
City-St-Zip: FORT MYERS, FL 33913**Title:** D (X) 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:** D (X) Change () Addition
Name: HURTADO, PABLO
Address: 3100 COTTONWOOD BEND #1903
City-St-Zip: FORT MYERS, FL 33905**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: SEIDERS, SUSAN
Address: 15831 N RIVER RD.
City-St-Zip: ALVA, FL 33920**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

09/14/2009

Electronic Signature of Signing Officer or Director

Date