2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N04000002257 1. Entity Name YORK CHRISTIAN ACADEMY, INC. 2007 DEC 21 PM 12: 42 Mailing Address Principal Place of Business SECRETARY OF STATE **5816 PINEWOOD DR NE** 5816 PINEWOOD DR NE TALLAHASSEE, FLORIDA PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business - No P.O. Box# 2699 Haber land Ave SE 3. Mailing Address 2699 Haberland Ave SE Suite, Apt. #, etc. Suite, Apt. #, etc 05202007 CR2E037 (12/06) Chg-NP City & State Halm Bay Applied For 4. FEI Number & State 20-0854325 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HONS HONS, VALERIE Street Address (P.O. Box Number is Not Acceptable) 5816 PINEWOOD DR NE PALM BAY, FL 32905 32909 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 \Box Florida Department of State Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Delete TITLE TITLE ☐ Addition Hons, Valerie Ave SE HONS, VALERIE NAME NAME 5816 PINEWOOD DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP D ☐ change TITLE TITLE ☐ Delete Addition HONS, Damian AvesE NAME HONS, DAMIAN NAME STREET ADDRESS 5816 PINEWOOD DR NE STREET ADDRESS Holm Ba, PALM BAY, FL 32905 CITY-ST-ZIP CITY-ST-7IP TITLE D ☐ Delete TITLE □ effance ☐ Addition DREWRY, SHIRLEY NAME NAME 5812 PINEWOOD DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP 240725° TITLE. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition REINSTATEM NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-74P CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 100113407251 12/26/07--01052--014 **61 STREET ADDRESS STREET ADDRESS **61.25 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trostee empowered to execute this eropor as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered. SIGNATURE: PERCER OR DIRECTOR