

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002257

FILED
Feb 13, 2008
Secretary of State

Entity Name: YORK CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

2699 HABERLAND AVE SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

2699 HABERLAND AVE SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 20-0854325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONS, VALERIE
2699 HABERLAND AVE SE
PALM BAY, FL 32909 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: D () Delete
Name: HONS, VALERIE
Address: 2699 HABERLAND AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: HONS, DAMIAN
Address: 2699 HABERLAND AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: DREWRY, SHIRLEY
Address: 2699 HABERLAND AVE SE
City-St-Zip: PALM BAY, FL 32909

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:

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: VALERIE HONS

D

02/13/2008

Electronic Signature of Signing Officer or Director

Date