2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# N04000004737

Entity Name: CHRIST CLASSICAL ACADEMY, INC.

Current Principal Place of Business:

1983 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1983 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 90-0172348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEALY, DAVID P
537 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HEALY, DAVID P
2846 REMINGTON GREEN SUITE B
TALLAHASSEE, FL 32308 US

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: _____ 08/23/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROOKS, LOGAN M.D.
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete
Name: HEALY, DAVID P ESQ.
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD ( ) Delete
Name: SELLERS, STEVEN E ESQ.
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete
Name: CALDWELL, J. BREWSTER M.D.
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: BM ( ) Change (X) Addition
Name: SHORT, MICHAEL DVM
Address: 1983 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

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: DAVID P HEALY SD 08/23/2006
Electronic Signature of Signing Officer or Director — Date