2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2008
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 ( )**

Name and Address of Current Registered Agent:

HEALY, DAVID P
2846 REMINGTON GREEN SUITE B
TALLAHASSEE, FL 32308 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 (X) Delete
Name: BROOKS, LOGAN M.D.
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: TD ( ) Delete
Name: SHACKELFORD, PAUL
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: MCCLURE, ROBERT
Address: 1983 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

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: TSD (X) Change ( ) Addition
Name: SHACKELFORD, PAUL
Address: 1983 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: DAVID P. HEALY REP. 08/12/2008

Electronic Signature of Signing Officer or Director — Date