

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004737

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**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: PD  
Name: MCCLURE, ROBERT  
Address: 1568 CRISTOBAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TSD  
Name: SHACKELFORD, PAUL  
Address: 3843 EAST MILLERS BRIDGE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: CAHILL, TIM  
Address: 3781 CHANTICLEER COURT  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: PAUL SHACKELFORD

TSD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date