

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007117

FILED
Apr 26, 2007
Secretary of State

Entity Name: PLANTATION CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

6263 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6263 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 74-3126913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPANALE, HEATHER D
6263 ROOSEVELT BLVD
JACKSONVILLE, FL 32244 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: P () Delete
Name: CAMPANALE, HEATHER D
Address: 6233 ALFREDO DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: KIRBY, SANDY
Address: 6263 ROOSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Delete
Name: KIRBY, ANTHONY
Address: 6263 ROOSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Delete
Name: CAMPANALE, PAUL R
Address: 6263 ROOSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CAMPANALE, PAUL
Address: 6263 ROOSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32244

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: HEATHER D. CAMPANALE

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date