2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N05000003821

Entity Name: MONTICELLO CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

1590 NORTH JEFFERSON ST.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

1590 NORTH JEFFERSON ST.
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 81-0673752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, BRENDA
1590 N. JEFFERSON ST.
MONTICELLO, FL 32344 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: CP ( ) Delete
Name: BAILEY, BRENDA
Address: 154 REICH DORFF ACRES
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: CLECKNER, DALE
Address: 553 JEFFERSON HEIGHTS RD.
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: HILDRETH, TIMOTHY F REV.
Address: 1285 MAGNOLIA AVE.
City-St-Zip: MONTICELLO, FL 32344

Title: DS ( ) Delete
Name: COLLINS, RHONDA
Address: 122 OLD US HIGHWAY 84, EAST
City-St-Zip: BOSTON, GA 31626

Title: DT ( ) Delete
Name: MIMS, DEBRA
Address: 1049 GILLEY RD.
City-St-Zip: MONTICELLO, FL 32344

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: DS (X) Change ( ) Addition
Name: EVANS, MONICA
Address: 1560 SPRING HOLLOW DRIVE
City-St-Zip: MONTICELLO, FL 32344

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

Title: D ( ) Change (X) Addition
Name: LACY, RAY
Address: 599 OLD ALBANY ROAD
City-St-Zip: THOMASVILLE, GA 31757

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: BRENDA BAILEY CP 04/17/2009

Electronic Signature of Signing Officer or Director — Date