

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007842

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: CLERMONT CHRISTIAN ACADEMY, INC

## Current Principal Place of Business:

17140 HIGHWAY 27  
CLERMONT, FL 34715 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 120992  
CLERMONT, FL 34712 US

## New Mailing Address:

FEI Number: 84-1691745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TAIT, KENNETH M  
17140 HIGHWAY 27  
CLERMONT, FL 34715 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: PRES ( ) Delete  
Name: TAIT, KENNETH M  
Address: 13134 SUBURBAN TERRACE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: V.PR ( ) Delete  
Name: NIX, ARTHUR C  
Address: P.O. BOX 120992  
City-St-Zip: CLERMONT, FL 34712 US

Title: TREA ( ) Delete  
Name: WRIGHT, CHARLES R  
Address: P.O. BOX 120992  
City-St-Zip: CLERMONT, FL 34712 US

Title: DIR. ( ) Delete  
Name: MORGAN, WILLIAM E  
Address: P.O. 120992  
City-St-Zip: CLERMONT, FL 34712 US

Title: DIR. (X) Delete  
Name: SHACKELFORD, JOEL W  
Address: P.O. BOX 120992  
City-St-Zip: CLERMONT, FL 34712 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change ( ) Addition  
Name: MORGAN, WILLIAM E  
Address: P.O. BOX 120992  
City-St-Zip: CLERMONT, FL 34712 US

Title: DIR. (X) Change ( ) Addition  
Name: SHACKELFORD, JOEL W  
Address: P.O. BOX 120992  
City-St-Zip: CLERMONT, FL 34712 US

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: KENNETH M. TAIT

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date