


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90399 028 ****61.25

DOCUMENT # N05000009721 1. Entity Name FIRST CHRISTIAN ACADEMY & LEARNING CENTER, INC.	
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Principal Place of Business 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34689	Mailing Address 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-3924491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6645 RIDGE RD PORT RICHEY, FL 34668
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alfred W. Torrence, Jr. DATE 4/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOBERLEY, DEBORAH 2795 KEYSTONE RD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INNOCENZI, CHUCK 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, ROXANNE 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, PATRICIA 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIS, ROBERT 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEGE, JOHN 2795 KEYSTONE ROAD TARPON SPRINGS, FL 34688

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Jones, Treasurer DATE 4/21/08 DAYTIME PHONE # 943-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR