

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010311

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOMESTEAD CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

255 NE 2 ND DRIVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

255 NE 2 ND DRIVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-3615366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CHARLES
9900 SW 168 STREET
SUITE 9
MIAMI, FL 33157 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: D () Delete
Name: VASCONCELLOS, DENISE
Address: 255 NE 2ND DRIVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: VASCONCELLOS, RICHARD I
Address: 255 NE 2ND DRIVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: VASCONCELLOS, KATHRYN M
Address: 255 NE 2ND DRIVE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: VASCONCELLOS, NICOLE
Address: 255 NE 2ND DRIVE
City-St-Zip: HOMESTEAD, FL 33030

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: () 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: RV

DR

04/30/2009

Electronic Signature of Signing Officer or Director

Date