2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# N05000010647

Entity Name: CLEWISTON CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

P. O. BOX 129
CLEWISTON, FL 33440

New Principal Place of Business:

601 CARRIBEAN AVENUE
CLEWISTON, FL 33440

Current Mailing Address:

P. O. BOX 129
CLEWISTON, FL 33440

New Mailing Address:

417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440

FEI Number: 20-3638157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, ANTONIO R
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440 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: PD ( ) Delete
Name: BRADDOCK, BRENDA
Address: P. O. BOX 129
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: MICKLER, ELENA P
Address: P. O. BOX 129
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: MAXON, KERSTEN
Address: P. O. BOX 129
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: VANSICKLE, DEBORAH
Address: P. O. BOX 129
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: HATTON, ROGER
Address: P.O. BOX 129
City-St-Zip: CLEWISTON, FL 33440

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:

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: ELENA P MICKLER D 05/27/2008
Electronic Signature of Signing Officer or Director — Date