2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# N05605

Entity Name: AUCILLA CHRISTIAN ACADEMY BOOSTERS, INC.

Current Principal Place of Business:

240 W. WASHINGTON ST.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

240 W. WASHINGTON ST.
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-2435410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, GEORGE
240 W WASHINGTON STREET
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: VPD ( ) Delete
Name: KING, JERRY
Address: RT 1
City-St-Zip: LAMONT, FL 32346

Title: TD ( ) Delete
Name: GUNNELS, BILL
Address: 800 S JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

Title: PD ( ) Delete
Name: SHERROD, JAMES
Address: PO BOX 596
City-St-Zip: GREENVILLE, FL 32331

Title: P ( ) Delete
Name: BUCKHALT, BILL
Address: 260 HOLLY RD.
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REAMS, HUGH
Address: P. O. BOX 14
City-St-Zip: GREENVILLE, FL 32331

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

Title: SD (X) Change ( ) Addition
Name: CARSWELL, SHERRI
Address: 288 LUKENS RD
City-St-Zip: MONTICELLO, FL 32344

Title: D (X) Change ( ) Addition
Name: TUTEN, GARY
Address: ASHVILLE HIGHWAY
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL GUNNELS TD 04/16/2005

Electronic Signature of Signing Officer or Director — Date