2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000008062

Entity Name: TEMPLE CHRISTIAN UNIVERSITY INC.

Current Principal Place of Business:

12200 BITTERCREEK LANE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 US

Current Mailing Address:

12200 BITTERCREEK LANE
JACKSONVILLE, FL 32225 US

New Mailing Address:

841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 US

FEI Number: 20-5322980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORDE, ROBERT A
12200 BITTERCREEK LANE
JACKSONVILLE, FL 32225 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: P ( ) Delete
Name: FORDE, ROBIN O DD, STD
Address: 12200 BITTERCREEK LANE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP ( ) Delete
Name: GARRIS, JOHN R ED.D
Address: 501 W. 121 ST
City-St-Zip: NEW YORK, NY 10027 US

Title: S/T ( ) Delete
Name: FORDE, ROBERT A
Address: 12200 BITTERCREEK LANE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D ( ) Delete
Name: HEATER, DEBORAH A J.D.
Address: 2206 HIGHLAND AVENUE
City-St-Zip: CINCINNATI, OH 45219 US

Title: D ( ) Delete
Name: SMITH, MARSHA J M.D.
Address: 2143 SPINNINGWHEEL
City-St-Zip: CINCINNATI, OH 45244 US

Title: D ( ) Delete
Name: FORDE, COLIN A ED.D.
Address: 12860 S.W. 51 STREET
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GARRIS, JOHN R ED.D
Address: 501 W. 121 ST, APT 25
City-St-Zip: NEW YORK, NY 10027 US

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: ROBIN O FORDE PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date