2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N06000008062

Entity Name: TEMPLE CHRISTIAN UNIVERSITY INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 20-5322980 **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:

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, APT 25	
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:	( ) 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: ROBIN O FORDE P 05/05/2009
Electronic Signature of Signing Officer or Director — Date