

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001377

FILED
Mar 25, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA CHRISTIAN COMMUNITY SCHOOL INC.

Current Principal Place of Business:

6798 PLANTATION PINES BLVD.
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

6900-29 DANIELS PARKWAY #142
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-1296861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COE, DEBBI
8724 CREST LANE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

COE, DEBBI
14158 DANPARK LOOP
FORT MYERS, FL 33912 US

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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COE, DEBBI
Address: 8724 CREST LANE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: FREW, TINA
Address: 13289 GREYWOOD CIRCLE
City-St-Zip: FT MYERS, FL 33966

Title: D () Delete
Name: FOX, LORI
Address: 2005 PALACO GRANDE PARKWAY
City-St-Zip: FT MYERS, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COE, DEBBI PD
Address: 14158 DANPARK LOOP
City-St-Zip: FORT MYERS, FL 33912 US

Title: TD (X) Change () Addition
Name: NIRENBERG, CRIS TD
Address: 6423 ADELPHI CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D (X) Change () Addition
Name: WESTRAN, STUART D
Address: 12637 SHANNONDALE DR.
City-St-Zip: FORT MYERS, FL 33919 US

Title: D () Change (X) Addition
Name: WESTRAN, SUSAN D
Address: 12637 SHANNONDALE DR.
City-St-Zip: FORT MYERS, FL 33919 US

Title: D () Change (X) Addition
Name: WELBORN, BECKY D
Address: 5017 24TH ST. S.W.
City-St-Zip: LEHIGH ACRES, FL 33973

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: DEBBI COE

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date