

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003856

FILED  
Aug 28, 2008  
Secretary of State

**Entity Name:** TRINITY CHRISTIAN ACADEMY OF DELTONA, INC.

**Current Principal Place of Business:**

875 ELKCAM BLVD  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

875 ELKCAM BLVD  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 59-1617945      **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:**

MEEKS, LARRY D  
875 ELKCAM BLVD  
DELTONA, FL 32725      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: D ( ) Delete  
Name: JONES, JAMES P  
Address: 875 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: HICKSON, MARK  
Address: 510 DOYLE RD  
City-St-Zip: OSTEEN, FL 32764

Title: D ( ) Delete  
Name: JEFFCOAT, RILEY  
Address: 231 CADDIE CRT  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: BELTRAN, FRANK  
Address: 1970 COOPER DR  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: GREGORY, BARBARA  
Address: 2162 VAN ORMAN DR  
City-St-Zip: DELTONA, FL 32725

**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: JAMES JONES

D

08/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date