2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N07000003856

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 ( )**

Name and Address of Current Registered Agent:

MEEKS, LARRY D
875 ELKCAM BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

JONES, JAMIE
875 ELKCAM BLVD
DELTONA, FL 32725 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: JAMIE JONES 03/09/2009
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 03/09/2009
Electronic Signature of Signing Officer or Director Date