

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004598

FILED
Feb 08, 2008
Secretary of State

Entity Name: TEMPLE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

11308 MARTIN LAKES DR. N.
JACKSONVILLE, FL 32220

New Principal Place of Business:

4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210

Current Mailing Address:

11308 MARTIN LAKES DR. N.
JACKSONVILLE, FL 32220

New Mailing Address:

4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210

FEI Number: 33-1165354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, MELISSA
11308 MARTIN LAKES DR. N.
JACKSONVILLE, FL 32220 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: PITTS, JACQUELYN
Address: 6141 OLD MIDDLEBURG RD.
City-St-Zip: JACKSONVILLE, FL 32222

Title: AD () Delete
Name: BIZER, DARYL
Address: 761 PERMENTO AVE.
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: BELL, PATRICIA
Address: 5015 GREENWAY DR.
City-St-Zip: JACKSONVILLE, FL

Title: ED () Delete
Name: KING, MELISSA
Address: 11308 MARTIN LAKES DR. N.
City-St-Zip: JACKSONVILLE, FL 32220

Title: T () Delete
Name: REESE, WILLIAM
Address: 14043 HOLLINGS ST.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DEAN (X) Change () Addition
Name: BELL, PATRICIA
Address: 5015 GREENWAY DR.
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: DEAN (X) Change () Addition
Name: REESE, WILLIAM
Address: 14043 HOLLINGS ST.
City-St-Zip: JACKSONVILLE, FL 32218

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: JACQUELYN B. PITTS

P

02/08/2008

Electronic Signature of Signing Officer or Director

Date