

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004598

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** TEMPLE CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

4200 GEORGETOWN DR.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4200 GEORGETOWN DR.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 33-1165354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

PITTS, JACQUELYN B  
6141 OLD MIDDLEBURG RD. S.  
JACKSONVILLE, FL 32222 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: JACQUELYN B. PITTS

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PITTS, JACQUELYN  
Address: 6141 OLD MIDDLEBURG RD.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: DEAN  
Name: BELL, PATRICIA  
Address: 5015 GREENWAY DR.  
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: AD  
Name: REESE, WILLIAM  
Address: 14043 HOLLINGS ST.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: JACQUELYN B. PITTS

PRIN

02/16/2010

Electronic Signature of Signing Officer or Director

Date