# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N08000001344

**Entity Name:** ODESSA CHRISTIAN SCHOOL, INC.

**Current Principal Place of Business:**

19521 MICHIGAN AVENUE
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

19521 MICHIGAN AVENUE
ODESSA, FL 33556

**New Mailing Address:**

P.O. BOX 946
SAFETY HARBOR, FL 34695

**FEI Number: 33-1203054** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CIULLA, DIANE
2995 UNION STREET
CLEARWATER, FL 34695 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: CIULLA, ERIN
Address: 19521 MICHIGAN AVENUE
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete
Name: DICICCO, FRANK
Address: 19521 MICHIGAN AVENUE
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete
Name: CIULLA, DIANE
Address: 19521 MICHIGAN AVENUE
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete
Name: JACKSON, SHERRY
Address: 19521 MICHIGAN AVENUE
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete
Name: CALDARELLI, JOE
Address: 19521 MICHIGAN AVENUE
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CIULLA, ERIN
Address: P.O. BOX 946
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V (X) Change ( ) Addition
Name: DICICCO, FRANK
Address: P.O. BOX 946
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V (X) Change ( ) Addition
Name: CIULLA, DIANE
Address: P.O. BOX 946
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S (X) Change ( ) Addition
Name: JACKSON, SHERRY
Address: P.O. BOX 946
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Change ( ) Addition
Name: CALDARELLI, JOE
Address: P.O. BOX 946
City-St-Zip: SAFETY HARBOR, FL 34695

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: DIANE CIULLA VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date