2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003594

FILED Jan 29, 2009 Secretary of State

Entity Name: GULF BEACH CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ERNANDO AVE A CITY BEACH, F	EL 32413			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
17001 HERNANDO AVE PANAMA CITY BEACH, FL 32413					
FEI Numbe	er: 26-2573690	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	nd Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
415 BEĆI	MICHAEL S ESC KRICH ROAD S' A CITY BEACH, F	TE 500			
	ve named entity s ate of Florida.	ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	STANSBURY, JI 1951 QUAIL RU	N	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BAILEY, JOE 304 BUENA VIS	Delete TA AVE BEACH, FL 32413	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GREEN, TOM 530 SEABREEZ	Delete E CIRCLE BEACH, FL 32413	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () LAWSON, TOM 425 INDIAN WO		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address: City-St-Zip:	: SANTA ROSA B	EACH, FL 32459			
Name: Address:	D () LOVE, REBA 5307 GULF DRI	Delete		(X) Change ()Addition KENT WAY BLVD. CITY BEACH, FL 32407	

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: KENT MILLER TREA 01/29/2009