

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006124

FILED
Jul 29, 2009
Secretary of State

Entity Name: MOUND STREET CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

1920 MOUND STREET
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1920 MOUND STREET
ORANGE PARK, FL 32073

New Mailing Address:

PO BOX 431
ORANGE PARK, FL 32073

FEI Number: 80-0208767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BIVENS, BURNEY
1543 KINGLSEY AVE SUITE 18-B
ORANGE PARK, FL 32073 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: D () Delete
Name: PRESTON, CHARLES
Address: PO BOX 1433
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: PRESTON, MAUDE
Address: PO BOX 1433
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: PARKER, BERNICE
Address: 2220 MARCIA DR
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: JOHNSON, HOMER
Address: 8611 LONG FORD DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: JONES, DENISE
Address: 2211 CARTER BRAXTON RD
City-St-Zip: ORANGE PARK, FL 32073

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: MAUDE PRESTON

D

07/29/2009

Electronic Signature of Signing Officer or Director

Date