2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N08000009095

Entity Name: SOLID FOUNDATION CHRISTIAN DAY SCHOOL, INC.

Current Principal Place of Business:

416 NW 24TH PL
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

416 NW 24TH PL
CAPE CORAL, FL 33993

New Mailing Address:

3015 SW PINE ISLAND RD
#113-406
CAPE CORAL, FL 33991

FEI Number: 26-3455407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMILLION, PHENICIA
416 NW 24TH PL
CAPE CORAL, FL 33993 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:	ST	( ) Delete
Name:	MCMILLION, PHENICIA TRUSTEE	
Address:	416 NW 24TH PL	
City-St-Zip:	CAPE CORAL, FL 33993	
Title:	C	( ) Delete
Name:	MCMILLION, TRACY TRUSTEE	
Address:	416 NW 24TH PL	
City-St-Zip:	CAPE CORAL, FL 33993	
Title:	D	( ) Delete
Name:	BAKER-JACKSON, AURDELL	
Address:	3208 STELLA ST	
City-St-Zip:	FT MYERS, FL 33916	
Title:	D	( ) Delete
Name:	JACKSON, KENDRICK	
Address:	13301 CORBEL CIR #2113	
City-St-Zip:	FT MYERS, FL 33909	
Title:	D	( ) Delete
Name:	KELLY, LASHONDA	
Address:	617 SE 2ND TER	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:	D	( ) Delete
Name:	WILSON, TAMIKA	
Address:	2818 8TH ST W	
City-St-Zip:	LEHIGH ACRES, FL 33971	

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:	D	(X) Change ( ) Addition
Name:	DIAZ, CASSANDRA	
Address:	5502 SW 12TH AVE	
City-St-Zip:	CAPE CORAL, FL 33914	
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: PHENICIA MCMILLION ST 03/16/2009

Electronic Signature of Signing Officer or Director — Date