

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010243

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** MAGELLAN CHRISTIAN ACADEMIES INC.

**Current Principal Place of Business:**

7643-104 GATE PARKWAY SUITE 150  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

14985 OLD ST AUGUSTINE RD  
120  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

7643-104 GATE PARKWAY SUITE 150  
JACKSONVILLE, FL 32256

**New Mailing Address:**

14985 OLD ST AUGUSTINE RD  
120  
JACKSONVILLE, FL 32258

FEI Number: 61-1573739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: BLITCH, THOMAS A  
Address: 14985 OLD ST AUGUSTINE RD STE 120  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD  
Name: BLITCH, LORRIE J  
Address: 14985 OLD ST AUGUSTINE RD STE 120  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D  
Name: BLITCH, SAVANNAH J  
Address: 14985 OLD ST AUGUSTINE RD STE 120  
City-St-Zip: JACKSONVILLE, FL 32258

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: THOMAS ARTHUR BLITCH

PSTD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date