

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27385

FILED
Apr 13, 2005
Secretary of State

Entity Name: SAND LAKE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

C/O CYNTHIA MASCARENHAS
5838 HOFFNER AVENUE
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

5838 HOFFNER AVE
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 59-2900354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, DIANNE
1419 43RD ST
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

CHAMBERS, DIANNE
5895 FOLKSTONE LANE
ORLANDO, FL 32822 US

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:

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MASCARENHAS, FRANZ
Address: 7200 PERSHING AVE
City-St-Zip: ORLANDO, FL 32822

Title: PD () Delete
Name: MASCARENHAS, CYNTHIA
Address: 7200 PERSHING AVE
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: CESARANO, MICHAEL
Address: 100 PALERMO AVE S
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: CESARANO, RENEE
Address: 100 PALERMO AVE S
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Delete
Name: WILLIAMS, BOB
Address: 10420 LEHMAN ST
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Delete
Name: WILLIAMS, MARILYN
Address: 10420 LEHMAN ST
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAXWELL, CHRISTOPHER
Address: 4325 OLD DOMINION ROAD
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change () Addition
Name: MAXWELL, DEBORAH
Address: 4325 OLD DOMINION RD
City-St-Zip: ORLANDO, FL 32812

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 for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA MASCARENHAS

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date