

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27385

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: SAND LAKE CHRISTIAN ACADEMY, INC.

## Current Principal Place of Business:

C/O CYNTHIA MASCARENIAS  
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  
5895 FOLKSTONE LANE  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

CHAMBERS, DIANNE  
1419 43RD STREET  
ORLANDO, FL 32839 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: DIANNE CHAMBERS

02/12/2007

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: MAXWELL, CHRISTOPHER  
Address: 4325 OLD DOMINION ROAD  
City-St-Zip: ORLANDO, FL 32812

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: 15 MEADOW DRIVE  
City-St-Zip: ROYSTON, GA 30662

Title: D (X) Change ( ) Addition  
Name: MAXWELL, DEBORAH  
Address: 15 MEADOW DRIVE  
City-St-Zip: ROYSTON, GA 30662

Title: D ( ) Change (X) Addition  
Name: RICE, GARY  
Address: 8859 WINDSOR POINTE DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Change (X) Addition  
Name: RICE, TAMMY  
Address: 8859 WINDSOR POINTE DRIVE  
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA MASCARENHAS

PD

02/12/2007

Electronic Signature of Signing Officer or Director

Date