2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N29509

Entity Name: NORTHWEST FLORIDA CHRISTIAN EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

2101 NORTH PARTIN DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

2101 NORTH PARTIN DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2899181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARSON, DONALD M
2101 NORTH PARTIN DR
NICEVILLE, FL 32578 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:	GRETE, ROBERT C	
Address:	2413 BUNCAN DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	HUISKEN, ROBERT	
Address:	605 NELSON POINT RD	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	DVP	( ) Delete
Name:	SCHNEIDER, A. MICHAEL III	
Address:	16 KATHY LANE	
City-St-Zip:	FREEPORT, FL 32439	
Title:	DST	( ) Delete
Name:	GRETE, ROBERT L	
Address:	277 WAVA AVENUE	
City-St-Zip:	NICEVILLE, FL 325781750	
Title:	D	( ) Delete
Name:	STOER, ERIK	
Address:	26 KATHY LANE	
City-St-Zip:	FREEPORT, FL 32439	
Title:	DP	( ) Delete
Name:	THOMAS, HAROLD E	
Address:	2865 EDGEWATER DR.	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	GRETE, ROBERT C	
Address:	2413 DUNCAN DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	
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: DONALD M. LARSON MGR 04/21/2009

Electronic Signature of Signing Officer or Director — Date