

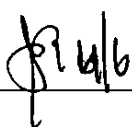


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N31345 1. Entity Name SUWANNEE RIVER VALLEY CHRISTIAN ACADEMY PRIVATE SCHOOL SYSTEM, INC.						FILED 07 APR -4 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 8149 SW COUNTRY RD 341 TRENTON, FL 32693 US				Mailing Address 8149 SW COUNTRY RD 341 TRENTON, FL 32693 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04032007 Chg-NP CR2E037 (12/06)			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2905305		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PHILLIPS, DEBRA L 482 NE 316 AVENUE OLD TOWN, FL 32680			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Debra L. Phillips</u> DATE <u>4/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOM, JAMES <input type="checkbox"/> Delete 10376 S.W. 101 AVENUE GAINESVILLE, FL 3608			TITLE NAME STREET ADDRESS CITY-ST-ZIP	X X X X <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTREY, JACKIE <input type="checkbox"/> Delete 560 S.W. CR 300 MAYO, FL 32066			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillips Debra L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 482 NE 316 Ave. Old Town, FL 32680		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JOHN D <input checked="" type="checkbox"/> Delete P. O. BOX 1682 OLD TOWN, FL 32680			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800096374088 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/07--01048--022 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Debra L. Phillips, Reg. Agent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/3/07 352-463-1569 <small>Date Daytime Phone #</small>			
Debra L. Phillips, Reg. Agent							