
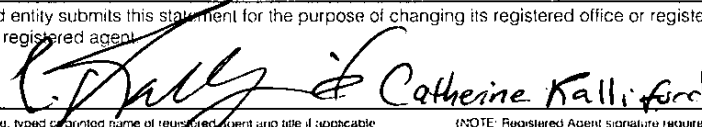
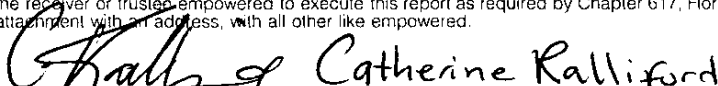


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90310 033 \*\*\*\*61.25

<b>DOCUMENT # N37019</b> 1. Entity Name <b>HALLANDALE CHRISTIAN SCHOOL, INC.</b>																																																																																																											
Principal Place of Business <b>220 SW 6TH AVE HALLANDALE FL 33009-5322</b>			Mailing Address <b>220 SW 6TH AVE HALLANDALE FL 33009-5322</b>																																																																																																								
2. Principal Place of Business <b>220 SW 6th Ave</b> Suite, Apt. #, etc. <b>Hallandale</b> City & State <b>Hallandale FL</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip <b>33009</b>		Country <b>Broward</b>																																																																																																							
4. FEI Number <b>65-0219498</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent  <b>THOMPSON, JUDY 6605 ARBOR DRIVE MIRAMAR FL 33023</b>			7. Name and Address of New Registered Agent Name <b>Catherine Ralliford</b> Street Address (P.O. Box Number is Not Acceptable) <b>8704 W Sample Rd #8</b> <b>Coral Springs FL</b> City <b>FL</b> Zip Code <b>33065</b>																																																																																																								
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>4-14-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																								
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																							
<b>Make Check Payable to Florida Department of State</b>																																																																																																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4-14-06</b> (954-458-2030) <small>Daytime Phone #</small>																																																																																																								