

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37019

FILED
Jul 21, 2009
Secretary of State

Entity Name: HALLANDALE CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

220 SW 6TH AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

220 SW 6TH AVE
HALLANDALE, FL 330095322

New Mailing Address:

FEI Number: 65-0219498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RALLIFORD, CATHERINE
8704 WEST SAMPLE RD
#8
CORAL SPRINGS, FL 33065 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DESSIEUX, LUC
Address: 220 SW 6TH AVE
City-St-Zip: HALLANDALE, FL 330095322

Title: D () Delete
Name: RALLIFORD, CATHERINE
Address: 8704 WEST SAMPLE RD #8
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DP () Delete
Name: OHARA, DEE
Address: 100 SE 2ND AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: WELCH, ELEANOR
Address: 2414 NE 13 COURT
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: SMART, MARGARET
Address: 5081 SW 28 AVE
City-St-Zip: DANIA BEACH, FL

Title: D () Delete
Name: KING, DELBERT
Address: 118 SE 1ST AVE
City-St-Zip: DANIA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CATHERINE RALLIFORD

DIRE

07/21/2009

Electronic Signature of Signing Officer or Director

Date