

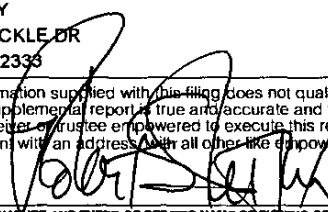


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N46135</b> 1. Entity Name <b>TALLAVANA CHRISTIAN SCHOOL, INC.</b>						<b>FILED</b> <b>04 APR 30 PM 12:23</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 					
Principal Place of Business <b>5840 HAVANA HWY</b> <b>HAVANA, FL 32333 US</b>				Mailing Address <b>5840 HAVANA HIGHWAY</b> <b>HAVANA, FL 32333 US</b>							
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3097271</b>		Applied For Not Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04282004 Chg-NP CR2E037 (10/03)					
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
Zip		Country		Zip		Country					
<b>CUTLER, JOSEPH</b> <b>5840 HAVANA HIGHWAY</b> <b>HAVANA, FL 32333</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>							
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. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE <b>KM</b></div>											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CUTLER, JOSEPH</b> <b>702 TALLAVANA TRAIL</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700035849047</b> <b>05/11/04--01019--008 **61.25</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GANUS, LARRY</b> <b>2174 FRANK SMITH RD</b> <b>QUINCY, FL 32351</b> <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	<b>SD</b> <b>JETT, ROBERT</b> <b>5840 HAVANA HIGHWAY</b> <b>HAVANA, FL 32333</b> <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	<b>D</b> <b>FRAZIER, DAVID</b> <b>4841 TASY STREET</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHERDIN, KAY</b> <b>5840 HAVANA HWY</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, RICK</b> <b>906 DOE RUN RD</b> <b>HAVANA, FL 32333</b> <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	<b>D</b> <b>BAKER, SANDY</b> <b>221 HONEYSUCKLE DR</b> <b>HAVANA, FL 32333</b> <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 exemption stated in Section 119.07(3)(i), 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.											
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/28/04</b> <small>Date</small>				<b>(850) 224-9476</b> <small>Daytime Phone #</small>			

ROBERT S. JETT III