


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N46135	
1. Entity Name TALLAVANA CHRISTIAN SCHOOL, INC.	

Principal Place of Business 5840 HAVANA HWY HAVANA, FL 32333 US	Mailing Address 5840 HAVANA HIGHWAY HAVANA, FL 32333 US
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3097271	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 CUTLER, JOSEPH 5840 HAVANA HIGHWAY HAVANA, FL 32333	DO NOT WRITE IN THIS SPACE
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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 reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTLER, JOSEPH 702 TALLAVANA TRAIL HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANUS, LARRY 2174 FRANK SMITH RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JETT, ROBERT 5840 HAVANA HIGHWAY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERDIN, KAY 5840 HAVANA HWY. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, RICK 906 DOE RUN RD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SANDY 221 HONEYSUCKLE DR HAVANA, FL 32333

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01/14/05-80047-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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.	
SIGNATURE: <u>Joseph L. Cutler, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/10/2005</u> (850) 539-4070 <small>Date Daytime Phone #</small>