2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N46135

1. Entity Name
TALLAVANA CHRISTIAN SCHOOL, INC.

Principal Place of Business	Mailing Address
5840 HAVANA HWY HAVANA, FL 32333 US	5840 HAVANA HIGHWAY HAVANA, FL 32333 US

01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3097271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUTLER, JOSEPH
5840 HAVANA HIGHWAY
HAVANA, FL 32333

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000581459
01/10/07-80089-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUTLER, JOSEPH
STREET ADDRESS	702 TALLAVANA TRAIL
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	SALTERS, DEBRA
STREET ADDRESS	218 MOCCASIN CIR.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	SCHERDIN, KAY
STREET ADDRESS	5840 HAVANA HWY.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	KELLY, RICK
STREET ADDRESS	906 DOE RUN RD
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	BAKER, SANDY
STREET ADDRESS	221 HONEYSUCKLE DR
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-7-07 850-539-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #