2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46135

FILED Mar 24, 2009 Secretary of State

Entity Name: TALLAVANA CHRISTIAN SCHOOL, INC

Current Principal Place of Business:		New Princip	New Principal Place of Business:	
	'ANA HWY FL 32333 U	S		
Current Mailing Address:		New Mailing	New Mailing Address:	
	'ANA HIGHWA\ FL 32333 U			
FEI Number	: 59-3097271	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:
HAVANA, The above	'ANA HIGHWAY FL 32333 U	IS	urpose of changing its	registered office or registered agent, or both,
and Otal	c or r fortaa.			
SIGNATU				
	RE:	ic Signature of Registered Age	nt	Date
SIGNATU	RE:			Date CHANGES TO OFFICERS AND DIRECTOR:
SIGNATU DFFICER Title: Name: Address:	RE: Electron	FORS: Delete 4 MITH RD		
SIGNATU DFFICER Fittle: Name: Address: Dity-St-Zip: Fittle: Name: Address:	RE: Electron S AND DIRECT PD () ROSS, WILLIAM 2660 FRANK SM QUINCY, FL 32	Delete // //ITH RD 352 Delete M .	ADDITIONS/ Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	RE: Electron S AND DIRECT PD () ROSS, WILLIAN 2660 FRANK SN QUINCY, FL 32 D () SCOTT, WILLIAN 405 E. 6TH AVE HAVANA, FL 32 D () FREEMAN, GAR 5840 HAVANA H	Delete AllTH RD 352 Delete M333 Delete RY WY.	ADDITIONS/ Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR:
SIGNATU	RE: Electron S AND DIRECT PD () ROSS, WILLIAN 2660 FRANK SN QUINCY, FL 32 D () SCOTT, WILLIA 405 E. 6TH AVE HAVANA, FL 32 D () FREEMAN, GAF 5840 HAVANA H HAVANA, FL 32	Delete In the state of the sta	ADDITIONS/ Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

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: WILLIAM R. ROSS PD 03/24/2009