


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N50808 1. Entity Name ALETHEIA CHRISTIAN PRIVATE SCHOOL, INC.	
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Principal Place of Business ALETHEIA CHRISTIAN ACADEMY 1700 WOODCHUCK AVE. PENSACOLA, FL 32504 US	Mailing Address 1700 WOODCHUCK AVE. PENSACOLA, FL 32504 US
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04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3142899	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAN ALDRED, W 5525 BAY MEADOWS DR MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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 W Van Aldred W VAN ALDRED 4/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDRED, VAN 5525 BAY MEADOWS DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALDRED, BETSY 5525 BAY MEADOWS DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, STEVEN 4595 FRANCISCO ROAD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, JOHN 342 DEER POINT GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538431
05/09/06-80058-005 70.00

**DO NOT WRITE
IN THIS SPACE**

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: W Van Aldred W VAN ALDRED 4/26/06 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9650000