

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90223 031 ****70.00

DOCUMENT # N50808 1. Entity Name ALETHEIA CHRISTIAN PRIVATE SCHOOL, INC.					
Principal Place of Business ALETHEIA CHRISTIAN ACADEMY 1700 WOODCHUCK AVE. PENSACOLA, FL 32504 US			Mailing Address 1700 WOODCHUCK AVE. PENSACOLA, FL 32504 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3142899	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired, \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN ALDRED, W 5525 BAY MEADOWS DR MILTON, FL 32570			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDRED, VAN		NAME		
STREET ADDRESS	5525 BAY MEADOWS DR		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDRED, BETSY		NAME		
STREET ADDRESS	5525 BAY MEADOWS DR		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, STEVEN		NAME		
STREET ADDRESS	4595 FRANCISCO ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, JOHN		NAME		
STREET ADDRESS	342 DEER POINT		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, GERALDINE		NAME		
STREET ADDRESS	1815 W GARDEN ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Simmons, Michael		NAME		
STREET ADDRESS	1815 W Garden St.		STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32501		CITY-ST-ZIP		
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:			4-24-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		