

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003604

Entity Name: PROVERBS CHRISTIAN SCHOOL, INC.

FILED
Sep 03, 2004
Secretary of State

Current Principal Place of Business:

400 CAHOON RD
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

400 CAHOON RD
JACKSONVILLE, FL 32220 US

New Mailing Address:

FEI Number: 59-3258240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, LORI
409 GANO AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

LEE, LORI
6012 VIRGIL LANE
JACKSONVILLE, FL 32244 US

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.

SIGNATURE:

09/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TVD () Delete
Name: LEE, ROBERT
Address: 409 GANO AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: LEE, LORI
Address: 409 GANO AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HORTON, SHARON
Address: 6012 VIRGIL LN
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TVD (X) Change () Addition
Name: LEE, ROBERT
Address: 6012 VIRGIL LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: PD (X) Change () Addition
Name: LEE, LORI
Address: 6012 VIRGIL LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: HORTON, SHARON
Address: 7831 BLANK DRIVE N
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORI L. LEE

PD

09/03/2004

Electronic Signature of Signing Officer or Director

Date