

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003604

FILED
Aug 30, 2009
Secretary of State

Entity Name: PROVERBS CHRISTIAN SCHOOL, INC.

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, LORI
4115 ARCOT CR.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

LEE, LORI
1521 SUMMIT OAKS DR. W.
JACKSONVILLE, FL 32221 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: _____

08/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TVD () Delete
Name: LEE, ROBERT
Address: 4115 ARCOT CR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: LEE, LORI
Address: 4115 ARCOT CR.
City-St-Zip: JACKSONVILLE, FL 32241

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TVD (X) Change () Addition
Name: LEE, ROBERT
Address: 1521 SUMMIT OAKS DR. W.
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD (X) Change () Addition
Name: LEE, LORI
Address: 1521 SUMMIT OAKS DR. W.
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI L. LEE

PD

08/30/2009

Electronic Signature of Signing Officer or Director

Date