

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003604

FILED  
Apr 21, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TVD  
**Name:** LEE, ROBERT  
**Address:** 1521 SUMMIT OAKS DR. W.  
**City-St-Zip:** JACKSONVILLE, FL 32221

**Title:** PD  
**Name:** LEE, LORI  
**Address:** 1521 SUMMIT OAKS DR. W.  
**City-St-Zip:** JACKSONVILLE, FL 32221

**Title:** D  
**Name:** HORTON, SHARON  
**Address:** 11313 AMERICANA LANE  
**City-St-Zip:** JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

**SIGNATURE:** LORI LEE

PD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date