## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # N9500001974  1. Entity Name COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.						04-08-2005 90079 050 ****61.25				
4859 KERRY	e of Business ! FOREST PKWY E, FL 32309 US	ing Address 59 KERRY FOREST PKWY LAHASSEE, FL 32309 US			<b>  Te</b>     <b>  T</b>	ENIN ERIN FRIN FRIN ERIN SELA		3513 <b>4</b>		
2. Principal Place of Business 3. Mai			ailing Address							
Suite, Apt. #, etc. Si			iuite, Apt. #, etc.				04052005 Chg-NP CR2E037 (10/03)			
City & State			City & State				4. FEI Number Applied For 59-3312971 Not Applicable			
Zip	Country Z		Co		intry			\$8.75 Ad	ditional	
	6. Name and Address of Current	Registere	d Agent				7. Name and Add	ress of New Registered	Agent	
					Name	ē .				
ARGERSII		Street Address (			(P.O. Box Number is Not Acceptable)					
IALLAIIA	SSEE, FL 32308									
		City				F	L Zip Coo	le		
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$61.25 Due by May 1, 2005			<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>				\$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	SD		☐ Defete	TITLE					Change	☐ Addition
NAME	DAVIDSON, SHARYN			NAMI						
STREET ADDRESS CITY-ST-ZIP	4859 KERRY FOREST PKWY TALLAHASSEE, FL 32309				ET ADDRESS - St - Zip					
	TD									
TITLE NAME	SCARINGE, MIKE		Delete	NAMI		TD			Change	Addition
STREET ADDRESS	4859 KERRY FOREST PKWY				ET ADORESS		e, Richa			
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY	-ST-ZIP	485 Ta 1	9 Kerry lahassee	Forest Pky	ζУ•	
TITLE	PD		Delete	TITLE		PD	` .		☐ Change	X Addition
NAME	MOTTICE, JOHN			NAMI		Nov	lin, Joh	n		
STREET ADDRESS	4859 KERRY FOREST PKWY				ET ADORESS - St-zip			Forest Pkv		
	TALLAHASSEE, FL 32309		□ n-::	-	•	Tal	lahassee	FL 32309		FT &==555==
TITLE NAME			☐ Delete	TITLE					Change	Addition
STREET ADDRESS				•	ET ADDRESS					;
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLE				<del>.</del>	☐ Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify 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 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 of 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.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP -+

John Nowlin SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

☐ Delete

(850)893-6628

Спалде

☐ Addition