

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 046 ****61.25

DOCUMENT # N95000001974

1. Entity Name
COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.



Principal Place of Business
**4859 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 US**

Mailing Address
**596 ILFSSZIGPSFTUQLXZ
UBMB BTIFF-QU4341: !!!!!VT**

40051480



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
4859 Kerry Forest Pkwy
Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State
Tallahassee, FL

Zip
32309

Country
USA

4. FEI Number
59-3312971

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHACKELFORD, PAUL A
4859 KERRY FOREST PKWY
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name
Deborah K. Leonard

Street Address (P.O. Box Number is Not Acceptable)
4859 Kerry Forest Pkwy.

City
Tallahassee

FL Zip Code
32309

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

Deborah K. Leonard

4/4/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEMING, GRETCHEN 4859 KERRY FOREST PKWY TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALE, RICHARD 4859 KERRY FOREST PKWY TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNOR, CHRIS 4859 KERRY FOREST PKWY TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGERSINGER, THOMAS 4859 KERRY FOREST PARKWAY TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Robyn Yeatts 4859 Kerry Forest Pkwy. Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Danny Adams 4859 Kerry Forest Pkwy Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas K. Argersinger

Date

4-4-07

Daytime Phone #

850-893-6628