2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N95000002365

Entity Name: NEW TAMPA CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

19911 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

19911 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3318474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTHOVEN, KENNETH
1403 WATERWOOD DR.
LUTZ, FL 33559 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: D ( ) Delete
Name: POTHOVEN, KENNETH
Address: 1403 WATERWOOD DR
City-St-Zip: LUTZ, FL 33559

Title: PD ( ) Delete
Name: DONALDSON, DEBORAH
Address: 2921 LAKE SAXON DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: DS ( ) Delete
Name: WEIR, JUDY
Address: 17824 HICKORY MOSS PLACE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: CAROLINE, COFFEY
Address: 28517 GREAT BEND PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: JOHNSTON, QUENTIN
Address: 3810 CHAUCER WAY
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: POTHOVEN, KENNETH
Address: 1403 WATERWOOD DR
City-St-Zip: LUTZ, FL 33559

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

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

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

Title: D (X) Change ( ) Addition
Name: COLLIER, BRAD
Address: 6452 SUSHI COURT
City-St-Zip: WESLEY CHAPEL, FL 33544

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: JENNIFER A. ISAAC D 04/20/2009

Electronic Signature of Signing Officer or Director — Date