2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N95000002584

Entity Name: ROSA/MARIA CHRISTIAN TEACHING CENTER, INC.

Current Principal Place of Business:

2817 BARDSWOOD LANE
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

2817 BARDSWOOD LANE
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 59-3174830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, SHADRICK L
2817 BARDSWOOD LANE
TALLAHASSEE, FL 32310 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: WALKER, SHADRICK L
Address: 2817 BARDSWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: WALKER, SYLVIA L
Address: 2817 BARDSWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: GEORGE, DOROTHY
Address: 1035 OLD SHELL POINT RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: RAINS, YVONNE
Address: 8631 WIDE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: COHEN, JAMES
Address: 138 HUTCHINSON STREET
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: COHEN, JULIA
Address: 1338 HUTCHINSON STREET
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SHADRICK L. WALKER D 04/30/2009

Electronic Signature of Signing Officer or Director — Date