

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002917

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** TRINITY CHRISTIAN ACADEMY AND CHILDCARE, INC.

**Current Principal Place of Business:**

12400 PLANTATION RD  
FT MYERS, FL 339121346 US

**New Principal Place of Business:**

12400 PLANTATION RD  
FT MYERS, FL 33966 US

**Current Mailing Address:**

12400 PLANTATION RD  
FT MYERS, FL 33912 US

**New Mailing Address:**

12400 PLANTATION RD  
FT MYERS, FL 33966 US

**FEI Number:** 65-0675068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAIGHT, JOSELYN A  
7419 HERITAGE PALMS ESTATE DRIVE  
FORT MYERS, FL 33912 US

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

HAIGHT, JOSELYN A  
7419 HERITAGE PALMS ESTATE DRIVE  
FORT MYERS, FL 33966 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAIGHT, DANIEL J  
Address: 7419 HERITAGE PALMS ESTATE DRIVE  
City-St-Zip: FT MYERS, FL 33912

Title: STD ( ) Delete  
Name: HAIGHT, JOSELYN A  
Address: 7419 HERITAGE PALMS ESTATE DRIVE  
City-St-Zip: FT MYERS, FL 33912

Title: DV ( ) Delete  
Name: BULGERIN, WAYNE DR.  
Address: 1754 CAPE CORAL PARKWAY, UNIT #101  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAIGHT, DANIEL J  
Address: 7419 HERITAGE PALMS ESTATE DRIVE  
City-St-Zip: FT MYERS, FL 33966

Title: STD (X) Change ( ) Addition  
Name: HAIGHT, JOSELYN A  
Address: 7419 HERITAGE PALMS ESTATE DRIVE  
City-St-Zip: FT MYERS, FL 33966

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: JOSELYN A. HAIGHT

STD

04/30/2007

Electronic Signature of Signing Officer or Director

Date