

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002917

FILED
May 01, 2008
Secretary of State

Entity Name: TRINITY CHRISTIAN ACADEMY AND CHILDCARE, INC.

Current Principal Place of Business:

12400 PLANTATION RD
FT MYERS, FL 33966 US

New Principal Place of Business:

Current Mailing Address:

12400 PLANTATION RD
FT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 65-0675068 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAIGHT, JOSELYN A
7419 HERITAGE PALMS ESTATE DRIVE
FORT MYERS, FL 33966 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: PD () Delete
Name: HAIGHT, DANIEL J
Address: 7419 HERITAGE PALMS ESTATE DRIVE
City-St-Zip: FT MYERS, FL 33966

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (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:

Title: DV () Change (X) Addition
Name: HAIGHT, CHRISTIANE
Address: 7419 HERITAGE PALMS ESTATE DRIVE
City-St-Zip: FORT MYERS, FL 33966

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

DS

05/01/2008

Electronic Signature of Signing Officer or Director

Date