

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003426

FILED
Jan 16, 2009
Secretary of State

Entity Name: DELTONA CHRISTIAN ACADEMY OF HOME EDUCATORS, INC.

Current Principal Place of Business:

973 FEATHER DR
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

973 FEATHER DR
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3325510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBILISCO, JOSEPH
973 FEATHER DR
DELTONA, FL 32725 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: PTD () Delete
Name: GIBILISCO, JOSEPH
Address: 973 FEATHER DRIVE
City-St-Zip: DELTONA, FL 32725

Title: VPD () Delete
Name: TRIPP, BRUCE
Address: 3009 BOND STREET
City-St-Zip: DELTONA, FL 32738

Title: SD () Delete
Name: GIBILISCO, ELAINE
Address: 973 FEATHER DR.
City-St-Zip: DELTONA, FL 32725

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:

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: JOSEPH GIBILISCO

PTD

01/16/2009

Electronic Signature of Signing Officer or Director

Date