

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004584

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** INDEPENDENT CHRISTIAN ACADEMY PRIVATE SCHOOL SYSTEM, INC.

**Current Principal Place of Business:**

705 DELESPINE AVENUE  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4258  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 52-2190895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANZONE, PHYLLIS  
705 DELESPINE AVENUE  
ST AUGUSTINE, FL 32095 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: SANZONE, PHYLLIS  
Address: 705 DELESPINE AVENUE  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: SAMZANE, CYNTHIA  
Address: 705 DALES PINE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TDT ( ) Delete  
Name: LITTLE, JOYCE  
Address: BOX 860351, STATE RD. 206  
City-St-Zip: ST.AUGUSTINE, FL 32086

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

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

Title: D (X) Change ( ) Addition  
Name: SANZONE, CYNTHIA  
Address: 705 DELES PINE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHYLLIS E. SANZONE

ADM

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date