

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004982

**FILED**  
**Mar 19, 2004**  
**Secretary of State****Entity Name:** FAMILY CHRISTIAN ACADEMY, INCORPORATED**Current Principal Place of Business:**14635 GREATER PINES BLVD  
CLERMONT, FL 34711**New Principal Place of Business:****Current Mailing Address:**PO BOX 789  
PLEASANT VIEW, TN 37146**New Mailing Address:****FEI Number:** 62-1469719**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCARLATA, BELINDA  
14635 GREATER PINES BLVD  
CLERMONT, FL 34711**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: SD ( ) Delete  
Name: SCARLATA, BELINDA  
Address: 14635 GREATER PINES BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete  
Name: SCARLATA, RONALD  
Address: 487 MYATT DR  
City-St-Zip: MADISON, TN 37115

Title: VD ( ) Delete  
Name: SCARLATA, THOR  
Address: 487 MYATT DR  
City-St-Zip: MADISON, TN 37115

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

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

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

Title: VD (X) Change ( ) Addition  
Name: CARDEN, THOR  
Address: 487 MYATT DR  
City-St-Zip: MADISON, TN 37115

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: RONALD SCARLATA

PD

03/19/2004

Electronic Signature of Signing Officer or Director

Date