2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N96000005406

Entity Name: PALMETTO CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

1401 14TH AVENUE, W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1401 14TH AVENUE, W
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-2770897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEWS, TALMADGE L
1401 14TH AVENUE, W
PALMETTO, FL 34221

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:	MATHEWS, TALMADGE L	
Address:	1401 14TH AVENUE, W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	SD	( ) Delete
Name:	MATHEWS, RUTH F	
Address:	1401 14TH AVENUE, W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	VPD	( ) Delete
Name:	BUSTLE, BRIAN	
Address:	1507 - 20TH AVE WEST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	TD	( ) Delete
Name:	ARNOLD, THELMA	
Address:	6505 HWY 301 NORTH LOT B-10	
City-St-Zip:	ELLENTON, FL 342222	

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:	
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: BRAIN D. BUSTLE VPD 04/23/2004

Electronic Signature of Signing Officer or Director — Date