2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N97000001727

Entity Name: SUNCOAST CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

5561 HYPOLUXO ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5561 HYPOLUXO ROAD
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0787861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKETT, DORIS
6025 WEDGEWOOD VILLAGE CIRCLE
LAKE WORTH, FL 33463 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:	WHITE, MICHAEL	
Address:	7740 WEST LAKE DR.	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	TD	( ) Delete
Name:	METZKES, PAUL	
Address:	3750 COELEBS AVE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	DEEM, TIM	
Address:	12487 SAWGRASS CT.	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	VD	( ) Delete
Name:	MORAKIS, MICHAEL	
Address:	5587 1ST ROAD	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	SD	( ) Delete
Name:	LERRO, JUDY	
Address:	6565 MONNOUTH RD	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:	D	( ) Delete
Name:	GATLIN, DERWIN	
Address:	5316 SANCERRE CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	

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:	
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: MICHAEL WHITE PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date