2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700003008

FILED Mar 14, 2009 Secretary of State

Entity Name: JENNINGS FIRST CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1286 MC0 JENNING	CALL ST S, FL 32053			
Current Mailing Address:		New Mailing Address:		
P.O. BOX JENNING	.37 S, FL 32053	US		
FEI Numbe	r: 59-3405869	FEI Number Applied For()	FEI Number Not App	icable () Certificate of Status Desired ()
Name an	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1286 MC0	AN, RALPH CALL ST S, FL 32053	US		
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,
SIGNATU	IRE:			
	Electron	ic Signature of Registered Age	ent	Date
	Electron			Date S/CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	D () BLACK, THOMA 7303 N.W. 75TH	TORS: Delete S JR H LANE		
	D () BLACK, THOMA 7303 N.W. 75TH JENNINGS, FL D () HOLLAND, CAR 4641 NW CR 14	FORS: Delete S JR H LANE 32053 Delete L	ADDITION Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D () BLACK, THOMA 7303 N.W. 75TH JENNINGS, FL D () HOLLAND, CAR 4641 NW CR 14 JENNINGS, FL D () DURY, JOE P.O. BOX 321	Delete S JR H LANE 32053 Delete L H 32053 Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	SICHANGES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	D () BLACK, THOMA 7303 N.W. 75TH JENNINGS, FL D () HOLLAND, CAR 4641 NW CR 14 JENNINGS, FL D () DURY, JOE P.O. BOX 321 JENNINGS, FL	Delete S JR H LANE 32053 Delete L H 32053 Delete 32053 Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition () Change () Addition D (X) Change () Addition DRURY, JOE P.O. BOX 321

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: RALPH BLACKMAN DIR. 03/14/2009