

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000003823

1. Entity Name

COMMUNITY CHRISTIAN ACADEMY OF BROWARD, INC.



2005 NOV -8 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
1st MOORE CR2E037 (10/04)

Principal Place of Business

901 NW 112TH AVENUE
PLANTATION FL 33325

Mailing Address

901 NW 112TH AVENUE
PLANTATION FL 33325

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0770652

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTRIDGE, ROBERT F
901 NW 112TH AVENUE
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert F. Partridge

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/2/05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PARTRIDGE, ROBERT F
STREET ADDRESS 901 NW 112TH AVENUE
CITY-ST-ZIP PLANTATION FL 33325

TITLE DV ☐ Delete
NAME PARTRIDGE, FRANCES
STREET ADDRESS 901 NW 112TH AVENUE
CITY-ST-ZIP PLANTATION FL 33325

TITLE SD ☐ Delete
NAME PARTRIDGE, LUKE R
STREET ADDRESS 901 NW 112TH AVENUE
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 200060690802
STREET ADDRESS 11/08/05--01044--003 **175.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200060690802
STREET ADDRESS 10/17/05--01076--017 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert F. Partridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Date

954-Give-4948

Daytime Phone #