

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001777

FILED
Sep 06, 2009
Secretary of State

Entity Name: HILLTOP CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

1232 ROBINSON DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1232 ROBINSON DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3559603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALL, LARRY
1817 PRYOR ST
HAINES CITY, FL 33844 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: ABERCROMBIE, VAUGHN
Address: 461 PINGHURST CT
City-St-Zip: WINTER HAVEN, FL 338841323

Title: SD () Delete
Name: CONLEY, SAM
Address: 309 S 11TH ST.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HALL, LARRY
Address: 1817 PRYOR STREET
City-St-Zip: HAINES CITY, FL 33884

Title: DV () Delete
Name: WATSON, LAVERNE
Address: 9431 LAKE MARION CREEK RD
City-St-Zip: HAINES CITY, FL 33884

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 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: LAVERNE WATSON

DV

09/06/2009

Electronic Signature of Signing Officer or Director

Date