

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001873

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: CAPE CORAL CHRISTIAN SCHOOL, INC.

## Current Principal Place of Business:

811 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 150129  
CAPE CORAL, FL 33915

## New Mailing Address:

FEI Number: 65-0841071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASEY, ROXANNE  
811 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991 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: PCD ( ) Delete  
Name: ROY, CHRISTOPHER PRIN.  
Address: 811 SANTA BARBARA BLVD.  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VPD ( ) Delete  
Name: RIGBY, DAVID SUPT.  
Address: 106 SW 9TH ST  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: SD ( ) Delete  
Name: MORAN, TRENA  
Address: 1941 SE 31ST STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD ( ) Delete  
Name: CASEY, ROXANNE  
Address: 204 SE 17TH STREET  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: D ( ) Delete  
Name: GORDON, DOUG  
Address: 2522 NW 10TH TERR.  
City-St-Zip: CAPE CORAL, FL 33993 US

Title: D ( ) Delete  
Name: WRIGHT, JACK  
Address: 1720 SE 40TH TERR  
City-St-Zip: CAPE CORAL, FL 33904 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SUPT (X) Change ( ) Addition  
Name: RIGBY, DAVID SUPT.  
Address: 106 SW 9TH ST  
City-St-Zip: CAPE CORAL, FL 33991 US

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: ROXANNE CASEY

TD

04/15/2008

Electronic Signature of Signing Officer or Director

Date