2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# N98000001873

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:

811 SANTA BARBARA BLVD
CAPE CORAL, FL 33915 US

Current Mailing Address:

P.O. BOX 150129
CAPE CORAL, FL 33915

New Mailing Address:

P.O. BOX 150129
CAPE CORAL, FL 33915 US

FEI Number: 65-0841071 **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:

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:	SUPT	( ) 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:	( ) 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: ROXANNE CASEY TD 05/21/2009
Electronic Signature of Signing Officer or Director — Date