

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2008
Secretary of State**

DOCUMENT# N98000006498

Entity Name: PARADISE CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

6184 W 21 CT
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7405 W 14TH AVENUE
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-0889810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLUNEY, EILEEN DR.
6184 WEST 21 COURT
HIALEAH, FL 33016 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: FLUNEY, EILEEN DR.
Address: 6184 W 21 COURT
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: SPRINGER-PARED, GENEVIEVE
Address: 7405 W 14TH AVENUE
City-St-Zip: HIALEAH, FL 33014

Title: SD () Delete
Name: SPRINGER, ZORAIDA
Address: 7405 W 14TH AVENUE
City-St-Zip: HIALEAH, FL 33014

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:

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: DR.EILEEN FLUNEY

PD

01/18/2008

Electronic Signature of Signing Officer or Director

_____ Date