2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000821

FILED Jan 16, 2009 Secretary of State

Entity Name: NORTHBAY CHRISTIAN ACADEMY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1625 UNION STREET CLEARWATER, FL 33755 US **Current Mailing Address: New Mailing Address:** 1625 UNION STREET CLEARWATER, FL 33755 US FEI Number: 59-3556714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DITTMER, CHRISTIE M 1625 UNIÓN STREET CLEARWATER, FL 33755 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DITTMER, CHRISTIE DITTMER, CHRISTIE Name: Name: 1948 CLARENDON ROAD Address: PROTECTED ADDRESS Address: City-St-Zip: CLEARWATER, FL 33763 US City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: (X) Change () Addition DITTMER, ROBERT Name: Name: DITTMER, ROBERT Address: 1948 CLARENDON ROAD Address: PROTECTED ADDRESS City-St-Zip: CLEARWATER, FL 33763 US City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: () Change () Addition ISHAM, ROBIN Name: Name: 110 WATEREDGE CT. Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: Title: Title: () Change () Addition () Delete ISHAM, PHILÌP Name: Name: 110 WATEREDGE CT. Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 US 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: CHRISTIE DITTMER D 01/16/2009