NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-09-2004 90067 019 ***297.50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N99000001239 ASM DS

1. Entity Name
Southwest Christian Academy, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 SW 21st Suite, Apt. #, etc.	1100 SW 21 St Suite, Apt. #, etc.
City & State: Ft. Laud. FLA	City & State: Ft. Laud. FLA
Zip: 33315 Country: Broward	Zip: 33315 Country:

DO NOT WRITE IN THIS SPACE 03-04

4. FEI Number 650900383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: David Garcia

Street Address (P.O. Box Number is Not Acceptable): 7701 South Aragon Blvd Unit 4

City: Ft. Laud | FL | Zip Code: 33322

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	
NAME	David Garcia	
STREET ADDRESS	7701-4 S. Aragon Blvd	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	Vice-President	
NAME	David Garcia	
STREET ADDRESS	7701-4 S. Aragon Blvd	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	Treasurer	
NAME	Edgar Aquino	
STREET ADDRESS	1100 SW 21 St.	
CITY-ST-ZIP	Ft Laud, FL 33315	
TITLE		
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #