

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004758

FILED  
Mar 21, 2007  
Secretary of State

**Entity Name:** CHRISTIAN INSTITUTE OF ARTS & SCIENCES, INC.

**Current Principal Place of Business:**

6100-H W. FAIRFIELD DR.  
PENSACOLA, FL 32506

**New Principal Place of Business:**

6100 W. FAIRFIELD DR.  
SUITE H  
PENSACOLA, FL 32506

**Current Mailing Address:**

2012 NORTH 61ST AVE  
PENSACOLA, FL 325063462

**New Mailing Address:**

**FEI Number:** 59-3607032      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, JULIE B  
2012 NORTH 61ST AVE  
PENSACOLA, FL 325063462 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: JONES, JULIE B  
Address: 2012 N 61 AVE  
City-St-Zip: PENSACOLA, FL 32506

Title: VD ( ) Delete  
Name: JONES, D. PATRICK  
Address: 2012 N 61 AVE  
City-St-Zip: PENSACOLA, FL 32506

Title: STD ( ) Delete  
Name: JONES, MARY B  
Address: 2012 N 61 AVE.  
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: JONES, MARY E  
Address: 2012 N 61 AVE.  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Change (X) Addition  
Name: COLLINS, MICHAEL E  
Address: 5908 SAUFLEY PINES CT.  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Change (X) Addition  
Name: WARD, ROY G  
Address: 4030 ROLEY RD.  
City-St-Zip: BRATT, FL 32535

Title: D ( ) Change (X) Addition  
Name: ROLAND, JANA  
Address: 1319 MOONLIGHT DR  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY E. JONES

STD

03/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date