2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 17, 2007
Secretary of State

DOCUMENT# N99000004758

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

Current Principal Place of Business:

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

New Principal Place of Business:

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 E	
Address:	2012 N 61 AVE.	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	(X) Delete
Name:	COLLINS, MICHAEL E	
Address:	5908 SAUFLEY PINES CT.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	D	(X) Delete
Name:	WARD, ROY G	
Address:	4030 ROLEY RD.	
City-St-Zip:	BRATT, FL 32535	
Title:	D	(X) Delete
Name:	ROLAND, JANA	
Address:	1319 MOONLIGHT DR	
City-St-Zip:	CANTONMENT, FL 32533	

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:	2110 N 61 AVE.	
City-St-Zip:	PENSACOLA, FL 32506	
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: MARY E. JONES STD 10/17/2007

Electronic Signature of Signing Officer or Director — Date