

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000108322 YR 2002

1. Entity Name

CHRISTIAN ACADEMY AND CHILDCARE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

519 GREENBRIAR BLVD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FLORIDA

City & State

Zip  
32714

Country

Zip

Country

4. FEI Number

59-3754960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name INNOCENT, MARIE ELSIE

Street Address (P.O. Box Number is Not Acceptable)

519 GREENBRIAR BLVD

City ALTAMONTE SPRINGS

FL

Zip Code  
32714

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD	INNOCENT, MARIE ELSIE	519 GREENBRIAR BLVD	ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marie Elsie Innocent*

MARIE ELSIE INNOCENT

10/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 NOV -4 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008790221

11/04/02--01096--008 \*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E0345 (12/01)

519 Greenbriar Blvd  
Altamonte Springs, FL 32714

October 28, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

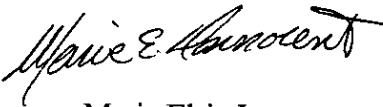
Dear Sir/Madam:

**Re: Christian Academy & Childcare, Inc.**  
**Document #: P 01000108322**

This is to advise that we have not received our 2002 Uniform Business Report in the mail. Unfortunately, as a result filing of this report was overlooked. We therefore now enclose the UBR for the year 2002 along with the filing fee of \$150.00

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Respectfully,



Marie Elsie Innocent  
President