

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 032 ***150.00

DOCUMENT # P03000157024

1. Entity Name

FLORIDA CHRISTIAN ACADEMY, INC.



Principal Place of Business

6625 MIAMI LAKES DR
348
HIALEAH FL 33014

Mailing Address

6625 MIAMI LAKES DR
348
HIALEAH FL 33014



2. Principal Place of Business - No P.O. Box #

551 W 51 place

Suite, Apt. #, etc.

308

City & State

Hialeah FL

Zip

33012

Country

USA

3. Mailing Address

551 W 51 place

Suite, Apt. #, etc.

308

City & State

Miami FL

Zip

33012

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 57-1195307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, RICARDO
6625 MIAMI LAKES DR, # 348
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

02/19/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALFONSO, RICARDO ☐ Delete
STREET ADDRESS 6625 MIAMI LAKES DR
CITY - ST - ZIP MIAMI LAKES FL 33014

TITLE ST
NAME ALFONSO, VIRGINIA ☐ Delete
STREET ADDRESS 6625 MIAMI LAKES DR
CITY - ST - ZIP MIAMI LAKES FL 33014

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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CITY - ST - ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/07 (305) 822-4666

Date

Daytime Phone #