

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000008835	
1. Entity Name GOD'S LITTLE PEOPLE CHRISTIAN ACADEMY, INC.	
Principal Place of Business 5844 NORMANDY BLVD. JACKSONVILLE, FL 32205	Mailing Address 5844 NORMANDY BLVD. JACKSONVILLE, FL 32205



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4126640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, LA'TRENIA 5844 NORMANDY BLVD. JACKSONVILLE, FL 32205
--

**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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>La'trenia Brown</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>3/24/08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BROWN, LA'TRENIA 5844 NORMANDY BLVD. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, LA'TRENIA 5844 NORMANDY BLVD. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR BROWN, LA'TRENIA 5844 NORMANDY BLVD. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COATES, IONA K 5623 DARLOW AVENUE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000875279
04/11/08-80027-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 title empowered.	
SIGNATURE <u>La'trenia Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3/24/08</u> <small>Date Daytime Phone #</small>