

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90023 001 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000028909			
1. Entity Name SCOTT CHRISTIAN ACADEMY, INC			
Principal Place of Business 1700 MINDANAO DR., #501 JACKSONVILLE, FL 32246		Mailing Address 1700 MINDANAO DR., #501 JACKSONVILLE, FL 32246	
2. Principal Place of Business - No P.O. Box # 1700 Mindanao Dr		3. Mailing Address 1700 Mindanao Dr	
Suite, Apt. #, etc. #501		Suite, Apt. #, etc. 501	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32246		Country U.S.A	
4. FEI Number 33-1156280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATTERSON, MARI 1700 MINDANAO DR., #501 JACKSONVILLE, FL 32246		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, MARI T. 1700 MINDANAO DR., #501 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: Mari Patterson		Date: 2-11-08 (04) 786-0780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	