


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2010 ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA  10 SEP 21 AM 9:22	
DOCUMENT # P09000001478					
1. Corporation Name  La Core Christian Academy, Inc.					
2. Principal Office Address - No P.O. Box # 122 Arlington Rd. N. Suite, Apt. #, etc.		3. Mailing Office Address 122 Arlington Rd. N. Suite, Apt. #, etc.		4. Date incorporated or Qualified To Do Business in Florida 1/5/09	
City & State Jacksonville, FL		City & State Jacksonville, FL		5. FEI Number 26-3297367	
Zip 32211	Country USA	Zip 32211	Country USA	<input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 38.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Joyce D. Williams Street Address (P.O. Box Number is Not Acceptable) 122 Arlington Rd. N. Suite, Apt. #, Etc. City Jacksonville, State FL Zip Code 32211				500185711205 09/21/10--01005--013 **558.75	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Joyce D. Williams Date 9/15/10 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Joyce D. Williams	122 Arlington Rd. N.		Jacksonville, FL 32211	
VP	Russell R. Williams	122 Arlington Rd. N.		Jacksonville, FL 32211	
10. E-mail Address: Williamsj423@yahoo.com (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Joyce D. Williams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/15/10 Daytime Phone # 804-4914					