

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006341

Entity Name: CAMBRIDGE CHRISTIAN SCHOOL, INC.**Current Principal Place of Business:**6101 N HABANA AVE
TAMPA, FL 33614**Current Mailing Address:**6101 N HABANA AVE
TAMPA, FL 33614**FEI Number:** 59-3698938**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EULER II, TIMOTHY L
6101 N HABANA AVE
TAMPA, FL 33614 US*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:** TIMOTHY L EULER II

05/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name CONNER, STEWART
Address 6101 N HABANA AVENUE
City-State-Zip: TAMPA FL 33614

Title TRUSTEE
Name GROVE, STEVE
Address 6101 N HABANA AVE
City-State-Zip: TAMPA FL 33614

Title TRUSTEE
Name ENNS, JEREMY
Address 6101 N HABANA AVE
City-State-Zip: TAMPA FL 33614

Title TRUSTEE
Name DEAROLF, WANDA
Address 6101 N HABANA AVE
City-State-Zip: TAMPA FL 33614

Title OFFICER
Name TURK, LIANA M
Address 6101 N HABANA AVE
City-State-Zip: TAMPA FL 33614

Title TRUSTEE, CHAIRMAN
Name FROELICH, GREG
Address 6101 N HABANA AVE
City-State-Zip: TAMPA FL 33614

Title TRUSTEE
Name STEIN, CRAIG A
Address 6101 N HABANA AVE
City-State-Zip: TAMPA FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIANA M TURK**DIRECTOR OF FINANCE**

05/08/2014

Electronic Signature of Signing Officer/Director Detail

Date