

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004737

Entity Name: CHRIST CLASSICAL ACADEMY, INC.**Current Principal Place of Business:**1983 MAHAN DRIVE
TALLAHASSEE, FL 32308**Current Mailing Address:**1983 MAHAN DRIVE
TALLAHASSEE, FL 32308**FEI Number: 90-0172348****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HEALY, DAVID P
3522 THOMASVILLE RD SUITE 301
TALLAHASSEE, FL 32312 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	MOORE, CARL
Address	1983 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY, DIRECTOR
Name	STEVENS, LIZ
Address	1983 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	MILES, IVY
Address	1983 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	SHACKELFORD, PAUL
Address	1983 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	YANG, DANIEL
Address	1983 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	PEACOCK, JERRY
Address	1983 MAHAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

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: DAVID P. HEALY**AUTHORIZED
REPRESENTATIVE****03/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date