

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46135

Entity Name: TALLAVANA CHRISTIAN SCHOOL, INC.**Current Principal Place of Business:**5840 HAVANA HWY
HAVANA, FL 32333**Current Mailing Address:**5840 HAVANA HIGHWAY
HAVANA, FL 32333 US**FEI Number:** 59-3097271**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, WILLIAM
5840 HAVANA HIGHWAY
HAVANA, FL 32333 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	PD
Name	ROSS, WILLIAM
Address	2660 FRANK SMITH RD
City-State-Zip:	QUINCY FL 32352

Title	VP
Name	FREEMAN, GARY
Address	5840 HAVANA HWY.
City-State-Zip:	HAVANA FL 32333

Title	DEACONESS
Name	FREEMAN, KAREN
Address	5840 HAVANA HIGHWAY
City-State-Zip:	HAVANA FL 32333

Title	MEMBER
Name	CARNLEY, JEFF
Address	5910 HAVANA HIGHWAY
City-State-Zip:	HAVANA FL 32333

Title	OFFICER
Name	CARNLEY, EDITH
Address	5910 HAVANA HIGHWAY
City-State-Zip:	HAVANA FL 32333

Title	OFFICER
Name	TOWNSEND, DIANE
Address	5840 HAVANA HIGHWAY
City-State-Zip:	HAVANA FL 32333

Title	OFFICER
Name	CALVERT, JEANNIE
Address	5840 HAVANA HIGHWAY
City-State-Zip:	HAVANA FL 32333

Title	OFFICER
Name	DOTSON, BETTY
Address	5840 HAVANA HIGHWAY
City-State-Zip:	HAVANA FL 32333

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: WILLIAM ROSS**PRESIDENT****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date