

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001163

**Entity Name:** CAPISTRANO VALLEY CHRISTIAN SCHOOLS, INC.

**Current Principal Place of Business:**

32032 DEL OBISPO  
SAN JUAN CAPISTRANO, CA 92675

**Current Mailing Address:**

32032 DEL OBISPO  
SAN JUAN CAPISTRANO, CA 92675 US

**FEI Number: 86-1090779**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
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           TREASURER  
Name           SHAFFNER, BARBARA  
Address        32032 DEL OBISPO  
City-State-Zip: SAN JUAN CAPISTRANO CA 92675

Title           SEC  
Name           SUKUT, KERI  
Address        32032 DEL OBISPO  
City-State-Zip: SAN JUAN CAPISTRANO CA 92675

Title           VC  
Name           WILLIAMSON, DAN  
Address        32032 DEL OBISPO  
City-State-Zip: SAN JUAN CAPISTRANO CA 92675

Title           CHAIRMAN  
Name           WILLIAMS, ROB  
Address        32032 DEL OBISPO  
City-State-Zip: SAN JUAN CAPISTRANO CA 92675

*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: ROB WILLIAMS**

**CHAIRMAN**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date