

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40105

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FLORIDA CHRISTIAN LEARNING ACADEMY, INC.

**Current Principal Place of Business:**

4144 GERANIUM LANE  
208  
SANFORD, FL 32771 US

**New Principal Place of Business:**

1534 BAVON DRIVE  
DELTONA, FL 32725 US

**Current Mailing Address:**

P.O. BOX 5892  
DELTONA, FL 327285892 US

**New Mailing Address:**

FEI Number: 59-4132066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MENDOZA, EVANGELINE  
4144 GERANIUM LANE  
APT #208  
SANFORD, FL 32771 US

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

NEWTON, GLADYS  
1534 BAVON DRIVE  
DELTONA, FL 32725 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: GLADYS NEWTON

04/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENDOZA, EVANGELINE  
Address: 4144 GERANIUM LANE #208  
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete  
Name: NEWTON, GLADYS  
Address: 1534 BAVON DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: FARMER, LINDA  
Address: 3137 HOLIDAY ST  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: OMERZU, MARY  
Address: 570 DILLARD ROAD  
City-St-Zip: ASTOR, FL 32102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NEWTON, GLADYS  
Address: 1534 BAVON DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change ( ) Addition  
Name: RAMOS, NANNETTE  
Address: 1769 HOWLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLADYS NEWTON

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date