

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40105

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** FLORIDA CHRISTIAN LEARNING ACADEMY, INC.

**Current Principal Place of Business:**

1534 BAVON DRIVE  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**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:**

NEWTON, GLADYS  
1534 BAVON DRIVE  
DELTONA, FL 32725 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEWTON, GLADYS  
Address: 1534 BAVON DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: RAMOS, NANNETTE  
Address: 1769 HOWLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

Title: D  
Name: SHINNER, SANDRA  
Address: 1005 WHISPERING CREEK WAY  
City-St-Zip: OSTEEN, FL 32764

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

Title: D  
Name: YOUNG, NATALIE  
Address: 1519 GREGORY DRIVE  
City-St-Zip: DELTONA, FL 32725

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: GLADYS NEWTON

MRS

04/01/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date