

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90394 021 ****70.00



DOCUMENT # N02000006760

1. Entity Name
 SOVEREIGN GRACE ACADEMY OF JEFFERSON COUNTY INC.

Principal Place of Business Mailing Address
 2660 W WASHINGTON ST 2660 W WASHINGTON ST
 MONTICELLO FL 32344 MONTICELLO FL 32344

2. Principal Place of Business 3. Mailing Address
 1555 W. Washington St P.O. Box 521
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Monticello Fl. Monticello Fl
 City & State City & State
 32344 32344
 Zip Zip
 Country Country
 Jefferson Jefferson



MOORE CR2E037 (11/03)

4. FEI Number 01-0745952 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHINDLER, SCOTT
 2660 W WASHINGTON ST
 MONTICELLO FL 32344

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Scott F. Schindler* Scott F. Schindler 4/30/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	POC	<input type="checkbox"/> Delete
NAME	SCHINDLER, SCOTT	
STREET ADDRESS	1976 E WASHINGTON STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHINDLER, LUCINDA C	
STREET ADDRESS	1976 E WASHINGTON STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANADAY, DEBBIE	
STREET ADDRESS	151 PARKWAY PINES	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	BM	<input type="checkbox"/> Delete
NAME	CANADAY, JEFF	
STREET ADDRESS	151 PARKWAY PINES	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Scott F. Schindler* Scott F. Schindler 4/30/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #