


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 022 ****61.25

DOCUMENT # N02000006760

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



Principal Place of Business
**1555 W. WASHINGTON ST
 MONTICELLO, FL 32344**

Mailing Address
**PO BOX 521
 MONTICELLO, FL 32344**

50005580



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

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

New Address

7. Name and Address of New Registered Agent

Name *Scott Schindler*

Street Address (P.O. Box Number is Not Acceptable)
1976 E. Washington St.

City *Monticello*

FL Zip Code *32344*

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** *1/15/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T April Smiley 330 Holly Rd. Monticello FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM - Jason McDonald 373 Heron Rd Monticello, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM J. T. Smiley 330 Holly Rd. Monticello FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *1/15/05* *850-997-6050*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #