

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001433

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** JOSHUA CHRISTIAN ACADEMY INC.

**Current Principal Place of Business:**

924 SAINT CLAIR STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

924 SAINT CLAIR STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PINKNEY, FREDERIC B  
11541 CORAL RIDGE AVE  
JACKSONVILLE, FL 32218    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: DP  
Name: PINKNEY, FREDERIC B  
Address: 11541 CORAL RIDGE AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DV  
Name: PINKNEY, GLORIA H  
Address: 11541 CORAL RIDGE AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT  
Name: HARRIS, LISA N  
Address: 11825 WAXBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS  
Name: CLAYTON, ELAINE  
Address: 3856 FERNGLEN DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: ADAMS, TERRANCE  
Address: 8206 BLAZING STAR RD  
City-St-Zip: JACKSONVILLE, FL 32210

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: FREDERIC B. PINKNEY

DP

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date