

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011177

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ABC CHRISTIAN ACADEMY/PRESCHOOL INC.

**Current Principal Place of Business:**

2360 KINGS ROAD  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

2360 KINGS ROAD  
JACKSONVILLE, FL 32209 US

**New Mailing Address:**

**FEI Number:** 59-2961197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATTLE, MARY A  
4725 HATTERAS ROAD  
JACKSONVILLE, FL 32208 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: P  
Name: DIAMOND, EUGENE W DR.  
Address: 402 JAX ESTATES DRIVE NORTH  
City-St-Zip: JACKSONVILLE,, FL 32218 US

Title: CH  
Name: GARDNER, OSSIE  
Address: 1121 EMILYS WALK LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: T  
Name: DIAMOND, LOIS B  
Address: 1160 EMILYS WALK LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: S  
Name: MORTON, FANNIE L  
Address: 3623 BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: PRIN  
Name: CHARLENE S. DIAMOND  
Address: 402 JAX ESTATES DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32218

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: CHARLENE S. DIAMOND

PRIN

04/21/2011

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

\_\_\_\_\_  
Date