

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

ABC CHRISTIAN ACADEMY/PRESCHOOL, INC.

20000001854

Principal Place of Business ABYSSINA MISSIONARY BAPTIST CHURCH MINIST 2360 KINGS ROAD JACKSONVILLE FL 32209	Mailing Address ABYSSINA MISSIONARY BAPTIST CHURCH MINIST 2360 KINGS ROAD JACKSONVILLE FL 32209
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1. Principal Place of Business <i>Abyssina Missionary Bpt Church</i> State, Apt. #, etc. <i>2360 Kings Road</i> City & State <i>Jacksonville Florida</i> Zip <i>32209</i> Country <i>USA</i>	2. Mailing Address <i>Abyssina Missionary Bpt Church</i> State, Apt. #, etc. <i>2360 Kings Road</i> City & State <i>Jacksonville Florida</i> Zip <i>32209</i> Country <i>USA</i>
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4. FEI Number 59-3838980	Applying For <input type="checkbox"/> Not Applying
5. Certificate of Status Desired <input checked="" type="checkbox"/> 88.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MEY, TERRENCE L ESQ.
1850 ART MUSEUM DRIVE
SUITE 11
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name: **Custiner Ronald ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
1400 Prudential Dr Suite 311
Jacksonville
City
FL Zip Code **32207**

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.

SIGNATURE: **Ronald K. Austin, Esq. / Ronald R. Austin April 29 2002**
Signature or typed or printed name of registered agent and fee if applicable. (Only Registered Agent signature required when missing)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, OSSIE 4821 DALLEN LEA DR. JACKSONVILLE FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamilton, Helen 5253 Dostie Drive S. Jacksonville Fla 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD MORTON, FANNE 3823 BOULEVARD JACKSONVILLE FL 32088	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Washington, Marion 3558 Rogers Road Jacksonville Florida 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, CALVIN 4432 WOODSONG LOOP W JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200006329332-6 -07/11/02--01033--022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, LOIS 4149 MARION DRIVE W JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****56.0000*****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, MARY 3823 BOULEVARD JACKSONVILLE FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, LILLIE MAE 2413 HORNE STREET JACKSONVILLE FL 32209	TITLE 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(9)(1), Florida Statutes. I further certify that the information indicated on this report of 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 files empowered.

SIGNATURE: **[Signature]** **4/29/02** **904-353-4471**
Signature and typed or printed name of signing officer or director Date Daytime Phone

OP21637 (9/01)

7/18/02