

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001433

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC3980201918**

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

**Current Principal Place of Business:**

924 SAINT CLAIR STREET  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

924 SAINT CLAIR STREET  
JACKSONVILLE, FL 32254

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

PINKNEY, FREDERIC B  
5237 CATTLE CROSSING WAY  
JACKSONVILLE, FL 32226 US

*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:** FREDERIC B PINKNEY

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name PINKNEY, FREDERIC B  
Address 5237 CATTLE CROSSING WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title DV  
Name PINKNEY, GLORIA H  
Address 5237 CATTLE CROSSING WAY  
City-State-Zip: JACKSONVILLE FL 32226

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

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

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

Title COMMUNITY ADVOCATE  
Name MCKIEVER, DORTHY  
Address 6234 BERRY DR.  
City-State-Zip: JACKSONVILLE FL 32228

Title FINACIAL SECRETARY  
Name PINKNEY, SHAYLA  
Address 11541 CORAL RIDGE AVE  
City-State-Zip: JACKSONVILLE FL 32218

Title EDUCATIONAL ADVISOR  
Name ROBERTS, ALICE  
Address 12301 KERNAN FOREST  
City-State-Zip: JACKSONVILLE FL 32225

*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:** LISA N HARRIS

**DIRECTOR**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date