

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002654

**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC5783008604**

**Entity Name:** THE FIRST BAPTIST ACADEMY OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

124 WEST ASHLEY STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

124 WEST ASHLEY STREET  
JACKSONVILLE, FL 32202

**FEI Number: 26-2880594**

**Certificate of Status Desired: No**

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

MCCONNELL, JERRETT  
1672 WOODMERE DR.  
JACKSONVILLE, FL 32210 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WALLACE, RICKY  
Address 124 W ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name BOGAN, JEFF  
Address 124 W ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title T  
Name VANZANT, MARTHA  
Address 124 W ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name SMITH, ELLE  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name JONES, RYAN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name LUKE, JENNIFER  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name SOUD, ADRIAN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name GIBSON, JODY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

**Continues on page 2**

*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: JOHN BLOUNT**

**DIRECTOR**

**03/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            EX-OFFICIO DIRECTOR  
Name            BLOUNT, JOHN  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202