

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002654

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC3663631956**

**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:**

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

Title            EX OFFICIO  
Name            BRUNSON, DONALD M DR.  
Address        124 W. ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title            HEAD OF SCHOOL  
Name            JOHNSON, SUSAN  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title            TREASURER  
Name            MARKHAM, PAM  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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

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

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*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**

**EX-OFFICIO DIRECTOR**

**02/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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