

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90136 022 \*\*\*\*61.25

**DOCUMENT # 749551**

1. Entity Name

**SOUTHEAST ACCREDITING ASSOCIATION OF CHRISTIAN S  
CHOOLS, COLLEGES, AND SEMINARIES, INC.**



Principal Place of Business

**6423 HAMILTON BRIDGE RD.  
MILTON FL 32570**

Mailing Address

**6423 HAMILTON BRIDGE RD.  
MILTON FL 32570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6554316**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, EDWIN MAC  
6423 HAMILTON BRIDGE RD.  
MILTON FL 32570**

Name

**Charles W. Boyd**

Street Address (P.O. Box Number is Not Acceptable)

**6020 Kingswood Drive**

City

**Milton**

**FL**

Zip Code

**32570**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles W. Boyd*

**Charles W. Boyd**

**04/14/03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Delete  
NAME **KELLEY, RANDAL H**  
STREET ADDRESS **6826 MERTIS WAY**  
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **JOHNSON, EDWIN MAC**  
STREET ADDRESS **6423 HAMILTON BRIDGE RD.**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **DP** ☐ Change ☒ Addition  
NAME **CHARLES W. BOYD**  
STREET ADDRESS **6020 Kingswood Drive**  
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☒ Delete  
NAME **ATABEY, AHMET K**  
STREET ADDRESS **5795 HICKORY STREE**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Change ☐ Addition  
NAME **Jimmy L. Johnson**  
STREET ADDRESS **4380 Ponderosa Dr.**  
CITY-ST-ZIP **Milton, FL 32583**

TITLE **S** ☐ Delete  
NAME **GUNTON, JOHN**  
STREET ADDRESS **6622 HINOTE ST**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **ST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, ROBERT J**  
STREET ADDRESS **4252 BURBANK DR**  
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BOHANNON, WILLIAM R**  
STREET ADDRESS **5899 INDEPENDENCE DR**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Change ☐ Addition  
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(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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 like empowered.

SIGNATURE:

*Charles W. Boyd*

**Charles W. Boyd**

**04/14/03**

**(850) 623-8207**

CR2E037 (10/02)