

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90023 020 ****61.25

DOCUMENT # N00000001854

1. Entity Name

ABC CHRISTIAN ACADEMY/PRESCHOOL, INC.

Principal Place of Business	Mailing Address
ABYSSINIA MISSIONARY BAPTIST CHURCH MINIST 2360 KINGS ROAD JACKSONVILLE FL 32209	ABYSSINIA MISSIONARY BAPTIST CHURCH MINIST 2360 KINGS ROAD JACKSONVILLE FL 32209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number

59-3638960

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****IVEY, TERRENCE L ESQ.**
1650 ART MUSEUM DRIVE
SUITE 11
JACKSONVILLE FL 32207**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, OSSIE	
STREET ADDRESS	4821 DALLIN LEA DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORTON, FANNIE	
STREET ADDRESS	3623 BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERS, CALVIN	
STREET ADDRESS	4432 WOODSONG LOOP W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAMOND, LOIS	
STREET ADDRESS	4143 MARKIN DRIVE W	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTLE, MARY	
STREET ADDRESS	3623 BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, LILLIE MAE	
STREET ADDRESS	2413 HORNE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ossie L. Gardner (Ossie L. Gardner) 2/15/01 764-2494

CR2E037 (10/00)