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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State
04-01-2002 90724 027 ****61.25

DOCUMENT # N00000006237

1. Entity Name

FAITH COVENANT ACADEMY, INC.

Principal Place of Business	Mailing Address
820 S BRIDGESTONE AVE JACKSONVILLE FL 32259	820 S BRIDGESTONE AVE JACKSONVILLE FL 32259

92307

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1583 Owl Hollow Lane Suite, Apt. #, etc.	1583 Owl Hollow Lane Suite, Apt. #, etc.
City & State: Jacksonville FL Zip: 32223 Country: USA	City & State: Jacksonville, FL Zip: 32223 Country: USA

4. FEI Number: 59-3672616 ☐ Applied For ☐ Not Applicable

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
BROOKS, KARLA A 820 S BRIDGESTONE AVE JACKSONVILLE FL 32259	Name: Debbie Brigham Debbie Brigham Street Address (P.O. Box Number is Not Acceptable): 1583 Owl Hollow Lane City: Jacksonville FL Zip Code: 32223

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: ~~Karla A. Brooks~~ Debbie Brigham Karla A. Brooks 01-07-02 June 8, 2002

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, KARLA A 820 S BRIDGESTONE AVE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGHAM, DEBBIE 1583 OWL HOLLOW LN JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOSSMAN, DONNA 605 CATNIP CT JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: ~~Karla A. Brooks~~ Karla A. Brooks 1-7-02 232-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Debbie Brigham April 08, 2002 904-880-5829