


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90014 043 ****61.25

DOCUMENT # N00000006237 1. Entity Name FAITH COVENANT ACADEMY, INC.					
Principal Place of Business 1583 OWL HOLLOW LANE JACKSONVILLE, FL 32223			Mailing Address 1583 OWL HOLLOW LANE JACKSONVILLE, FL 32223		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BRIGHAM, DEBBIE 1583 OWL HOLLOW LANE JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 59-3672616				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, CAROL <input checked="" type="checkbox"/> Delete 8834 RUNNYMEADE RD JACKSONVILLE, FL 32257			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Williams, Lisa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8442 Brierwood Rd. Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHAM, DEBBIE <input type="checkbox"/> Delete 1583 OWL HOLLOW LN. JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tash, Karen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12163 Captiva Bluff Rd Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSH, KAREN <input type="checkbox"/> Delete 505 MAGNOLIA GARDEN CT JACKSONVILLE, FL 32259			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: Debbie Brigham (Director) 3-10-04 904-880-5829					