

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007548

FILED
Jan 13, 2012
Secretary of State

Entity Name: FAITH CHRISTIAN ACADEMY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

96282 BRADY POINT RD
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

96282 BRADY POINT RD.
FERNANDINA BEACH, FL 32034

New Mailing Address:

96282 BRADY POINT RD
FERNANDINA BEACH, FL 32034

FEI Number: 59-3679991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, CLAUDIA J ACCTS
96282 BRADY POINT RD.
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: GOYETTE, ROBERT L
Address: 87616 ROSES BLUFF RD.
City-St-Zip: YULEE, FL 32097

Title: MR
Name: ALVAREZ, C. BRYAN
Address: 87622 ROSES BLUFF RD
City-St-Zip: YULEE, FL 32097

Title: MR
Name: KINSLEY, PETER
Address: 96187 PALM BLUFF DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MR.
Name: SMITH, JAMES
Address: 85100 AMAGANSETT DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MR.
Name: POWELL, ANDREU
Address: 348 SIMMONS RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

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: CLAUDIA J. DUNCAN

MRS.

01/13/2012

Electronic Signature of Signing Officer or Director

Date