2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000026

FILED Feb 19, 2009 Secretary of State

Entity Name: AUSTIN CHRISTIAN ACADEMY FOR THE DEVELOPMENT OF EXCELLENCE AND LEADERSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

6901 N MAIN ST JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

6901 N MAIN ST JACKSONVILLE, FL 32208

FEI Number: 59-3687634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLEMAN, VERNITA Y 6901 N MAIN ST JACKSONVILLE, FL 32208 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WHITE, AUDREY A COLEMAN, VERNITA Y Name: Name: 6901 N MAIN ST Address: 1063 SEATTLE SLEW LN Address: JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32208

City-St-Zip: City-St-Zip:

Title: VD Title: (X) Change () Addition () Delete COLEMAN, VERNITA Y Name: GRAHAM, MARION Name: Address: 6901 N MAIN ST Address: 6901 N MAIN ST

City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete Title: (X) Change () Addition SAPP, AUGENA D MCQUEEN, MARVIN Name: Name:

4058 CLEARBROOK COVE RD Address: 6901 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete Title: (X) Change () Addition Name: WHITE, EUGENE Name: MCKINNEY, MARVA

3005 TOWER OAKS DR Address: 6901 N MAIN ST Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: ORANGE PARK, FL 32065

Title: () Delete Title: (X) Change () Addition

SAPP, DANIEL JR WALRATH, KAREN Name: Name: 6901 N MAIN ST 6901 N MAIN ST Address: Address:

City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208

Title: () Delete Title: () Change (X) Addition

ROSCOE, JUDITH Name: Name: 6901 N MAIN ST Address: Address:

JACKSONVILLE, FL 32208 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VERNITA Y COLEMAN D 02/19/2009