


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90260 029 \*\*\*\*70.00

<b>DOCUMENT # N01000004703</b> 1. Entity Name <b>CHRISTIAN HOME CHURCH AND ACADEMY, INC.</b>					
Principal Place of Business <b>409 WALNUT STREET GREEN COVE SPRINGS, FL 32043</b>			Mailing Address <b>1965 CEDAR RIVER COURT ORANGE PARK, FL 32003</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>409 Walnut Street</b>  Suite, Apt. #, etc.			
City & State _____		City & State <b>Green Cove Springs, FL</b>		4. FEI Number <b>59-3732261</b>	
Zip <b>32043</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPERRY, JUDY O 1965 CEDAR RIVER COURT ORANGE PARK, FL 32003</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPERRY, MARK L 1965 CEDAR RIVER COURT ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMEIN, DAN 341 MICKLERS RD. ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPERRY, JUDY O 1965 CEDAR RIVER COURT ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GREEN, BRUCE 5560 CATINA ST. NEW ORLEANS, LA 70124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, DAN 2404 SOURWOOD COURT ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMAN, MARY JANE 3580 BARTON CREEK CIRCLE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, LINDA 2404 SOURWOOD COURT ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELISO, NIKKI 2376 NORMAN RD. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OULLIBER, LUCILE 6501 MARSHAL FOCH STREET NEW ORLEANS, LA 70124	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D GREENE, JUDY 1740 CASTILLE DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE 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.					
<b>SIGNATURE:</b> <u>Daniel C Romein</u> <b>Daniel C. Romein</b> 4-18-04 (904)4600660					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					