

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90105 008 ****70.00

DOCUMENT # NO1000004703

1. Entity Name

CHRISTIAN HOME CHURCH AND ACADEMY, INC.



Principal Place of Business

**1965 CEDAR RIVER COURT
ORANGE PARK FL 32003**

Mailing Address

**1965 CEDAR RIVER COURT
ORANGE PARK FL 32003**

2. Principal Place of Business

409 Walnut Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs

City & State

4. FEI Number **59-3732261**

Applied For

Not Applicable

Zip

32043

Country

Clay

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPERRY, JUDY O
1965 CEDAR RIVER COURT
ORANGE PARK FL 32003**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SPERRY, MARK L**
STREET ADDRESS **1965 CEDAR RIVER COURT**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **STD** ☐ Delete
NAME **SPERRY, JUDY O**
STREET ADDRESS **1965 CEDAR RIVER COURT**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☐ Delete
NAME **KNAPP, DAN**
STREET ADDRESS **2404 SOURWOOD COURT**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ Delete
NAME **KNAPP, LINDA**
STREET ADDRESS **2404 SOURWOOD COURT**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ Delete
NAME **OULLIBER, LUCILE**
STREET ADDRESS **6501 MARSHAL FOCH STREET**
CITY-ST-ZIP **NEW ORLEANS LA 70124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE REQUIRED

April 12, 2003 (904) 215-2814

CR2E037 (10/02)