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

## DOCUMENT # N0100004936

Country

1. Entity Name

## CHRIST ACADEMY, INC.

Principal Place of Business

Suite, Apt. #, etc.

SARTORIUS, ARTHUR G III 1919 ATLANTIC BLVD. JACKSONVILLE FL 32207

the obligations of registered agent.

City & State

Zip

SIGNATURE



Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

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

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

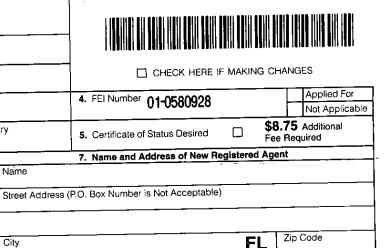
9791 ST. AUGUSTINE RD. 9791 ST. AUGUSTINE RD. JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90215 034 \*\*\*\*61.25



DATE

Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE DΡ TITLE NAME COHEN, BERNARD M NAME STREET ADDRESS 9791 ST. AUGUSTINE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Addition ☐ Change Delete TITLE NAME DUBOSE, JOHN W NAME STREET ADDRESS 9791 ST. AUGUSTINE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP JACKSONVILLE FL 32257 ☐ Addition Change Delete TITLE NAME SARTORIUS, ARTHUR G III NAME STREET ADDRESS 1919 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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:

904/262-5588