

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005880

FILED  
Jan 28, 2003  
Secretary of State

Entity Name: NEW SMYRNA CHRISTIAN ACADEMY, INC.

## Current Principal Place of Business:

1849 ADOLPH WHITAKER ROAD  
BONIFAY, FL 324256544

## New Principal Place of Business:

<UNUSED>  
BONIFAY, FL 324256544

## Current Mailing Address:

POST OFFICE BOX 757  
BONIFAY, FL 324250757

## New Mailing Address:

FEI Number: 26-0048724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, JAMES M  
1849 ADOLPH WHITAKER ROAD  
BONIFAY, FL 324256544

## 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: D ( ) Delete  
Name: TAYLOR, RALPH E  
Address: 1500 MALCOLM TAYLOR ROAD  
City-St-Zip: BONIFAY, FL 324256445

Title: D ( ) Delete  
Name: TADLOCK, MICHAEL F  
Address: 1568 WHITE ROAD  
City-St-Zip: WESTVILLE, FL 324643246

Title: D ( ) Delete  
Name: WELLS, TIMOTHY H  
Address: POST OFFICE BOX 155  
City-St-Zip: BONIFAY, FL 324250155

Title: D ( ) Delete  
Name: STRICKLAND, SAMMY J  
Address: 5005 PEANUT ROAD  
City-St-Zip: GRACEVILLE, FL 32440

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: MCCOY, GARY A F A  
Address: 308 W. FLEMING AVE.  
City-St-Zip: GENEVA, AL 363401965 US

Title: D ( ) Change (X) Addition  
Name: WHITE, JAMES M  
Address: 1849 ADOLPH WHITAKER RD.  
City-St-Zip: BONIFAY, FL 32425 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY A MCCOY

F A

01/28/2003

Electronic Signature of Signing Officer or Director

Date