


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N01602	
1. Entity Name FLORIDA CHRISTIAN EDUCATION ASSOCIATION, INCORPORATED	

Principal Place of Business 1408 E. MOHAWK AVENUE TAMPA, FL 33604	Mailing Address 1408 E. MOHAWK AVENUE TAMPA, FL 33604
---	---



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2397872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NELSON, BRYANT M. 1408 E. MOHAWK AVENUE TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, BRYANT M. 1408 E. MOHAWK AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, PETER E. 1408 E. MOHAWK AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, GRACE M. 1408 E. MOHAWK AVENUE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000194526
01/25/05-60104-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Bryant M. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

Date

Daytime Phone #