FILED
Jun 04, 2003 8:00 am
Secretary of State
04-15-2003 90124 025 ****70.00

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

55046306

DOCUMENT # N02000003721

1. Entity Name
R.C. JONES, SR. LEARNING ACADEMY, INC.

Principal Place of Business	Mailing Address
6409 LOBEDIA ST JACKSONVILLE FL 32209	6409 LOBEDIA ST JACKSONVILLE FL 32209

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6409 Lobelia St.	6409 Lobelia St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32209 Country: USA	Zip: 32209 Country: USA

4. FEI Number: 431962082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKK, HAYWOOD M
50 N LAURA ST
SUITE 2925
JAKCSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: Arthur T. Jones Sr.
Street Address (P.O. Box Number is Not Acceptable): 6239 Lockley Ave.
City: Jacksonville FL Zip Code: 32208

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: ~~Essie Mae Jones~~ Arthur T. Jones Sr. 4/14/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, ESSIE M 6409 LOBEDIA ST JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jones, Essie M 6409 Lobelia St. Jacksonville, FL 32209	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHEPPARD, CAROLYN 2219 W 17TH ST JACKSONVILLE FL 32209	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Natalie Sheppard 7038 Bishop Hatcher Dr. Jacksonville, FL 32208	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLSEY, TINA 7038 BISHOP HOLDER DR JACKSONVILLE FL 32208	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Valerie Esguerra 828 Benton Harbor Dr. E Jacksonville, FL 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Ansolette Kellam 11685 Carapace Lane Jacksonville, FL 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E007 (10/02)

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: ~~ESSIE MAE JONES~~ Essie Mae Jones 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #