

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004575

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** KILPATRICK CHRISTIAN ACADEMY OF EXCELLENCE, INC.

**Current Principal Place of Business:**

34950 JUANITA AVE  
FT PIERCE, FL 34947

**New Principal Place of Business:**

3950 JUANITA AVE  
FT PIERCE, FL 34947

**Current Mailing Address:**

PO BOX 1148  
FT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 71-0880273      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDLEY, R J ELDER  
1380 W 30TH ST  
RIVIERA BEACH, FL 33404      US

**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: VD      ( ) Delete  
Name: CHESTER, JAMES ELDER  
Address: 1730 ECHO LAKE DR  
City-St-Zip: RIVIERA BEACH, FL 33407

Title: D      ( ) Delete  
Name: HENDLEY, R J ELDER  
Address: 1380 W 30TH ST  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PD      ( ) Delete  
Name: HENDLEY, ROBERT III DR  
Address: 550 9TH ST SW  
City-St-Zip: VERO BEACH, FL 32962

Title: SD      ( ) Delete  
Name: HENDLEY, GWENDOLYN  
Address: 2201 SAN DIEGO AVE  
City-St-Zip: FT PIERCE, FL 34946

Title: D      ( ) Delete  
Name: HAYWOOD, ROSE  
Address: 7889 SADDLEBROOK DR  
City-St-Zip: PT ST LUCIE, FL

Title: TD      ( ) Delete  
Name: JOHNSON, AL BRO  
Address: 1127 FOREST HILL COVE  
City-St-Zip: PT ST LUCIE, FL

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

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

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: AL JOHNSON

TD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date