

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90122 004 ****61.25

DOCUMENT # N02000004575

1. Entity Name

KILPATRICK CHRISTIAN ACADEMY OF EXCELLENCE, INC.



Principal Place of Business

**34950 JUANITA AVE
FT PIERCE FL 34947**

Mailing Address

**PO BOX 1148
FT PIERCE FL 34954**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0880273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **VD** ☐ Delete
NAME **CHESTER, JAMES ELDER**
STREET ADDRESS **1730 ECHO LAKE DR**
CITY-ST-ZIP **RIVIERA BEACH FL 33407**

TITLE **Director** ☐ Change ☒ Addition
NAME **Jim Way**
STREET ADDRESS **6285 45th Street**
CITY-ST-ZIP **Vero Beach, FL 32967**

TITLE **D** ☐ Delete
NAME **HENDLEY, R J ELDER**
STREET ADDRESS **1380 W 30TH ST**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **Headmaster** ☐ Change ☒ Addition
NAME **Pinkie W. Hendley**
STREET ADDRESS **2306 San Diego Ave**
CITY-ST-ZIP **Ft Pierce FL 34946**

TITLE **PD** ☐ Delete
NAME **HENDLEY, ROBERT III DR**
STREET ADDRESS **550 9TH ST SW**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **HENDLEY, GWENDOLYN**
STREET ADDRESS **2201 SAN DIEGO AVE**
CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HAYWOOD, ROSE**
STREET ADDRESS **7889 SADDLEBROOK DR**
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **JOHNSON, AL BRO - Prok.**
STREET ADDRESS **1127 FOREST HILL COVE**
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2003 (772) 467-1190
Date Daytime Phone #

CR2E037 (10/02)