


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90394 021 ****70.00

| | |
|---|---|
| DOCUMENT # N02000006760 |  |
| 1. Entity Name SOVEREIGN GRACE ACADEMY OF JEFFERSON COUNTY INC. | |

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| Principal Place of Business 2660 W WASHINGTON ST MONTICELLO FL 32344 | Mailing Address 2660 W WASHINGTON ST MONTICELLO FL 32344 |
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|---|--|
| 2. Principal Place of Business 1555 W. Washington St Suite, Apt. #, etc. Monticello FL City & State 32344 Zip Country Jefferson | 3. Mailing Address P.O. Box 521 Suite, Apt. #, etc. Monticello FL City & State 32344 Zip Country Jefferson |
|---|--|

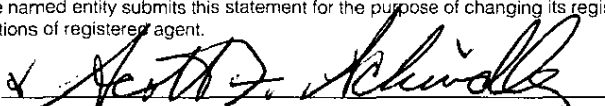


MOORE CR2E037 (11/03)

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| 4. FEI Number 01-0745952 | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent SCHINDLER, SCOTT 2660 W WASHINGTON ST MONTICELLO FL 32344 | |
|---|--|

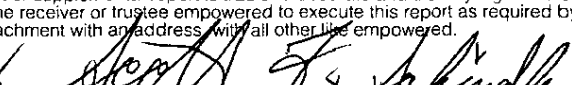
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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  | DATE 4/30/04 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | POC SCHINDLER, SCOTT 1976 E WASHINGTON STREET MONTICELLO FL 32344 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCHINDLER, LUCINDA C 1976 E WASHINGTON STREET MONTICELLO FL 32344 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CANADAY, DEBBIE 151 PARKWAY PINES MONTICELLO FL 32344 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM CANADAY, JEFF 151 PARKWAY PINES MONTICELLO FL 32344 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | DATE 4/30/04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |