2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000008067

Entity Name: NMZMBC CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

515 DR. M. M. BETHUNE BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

515 DR. M. M. BETHUNE BLVD.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 16-1634228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, KEVIN B
526 OAK STREET
DAYTONA BEACH,, FL 32114 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: P ( ) Delete
Name: TAYLOR, KEVIN B
Address: 526 OAK STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: LEMMONS, GLORIA
Address: 1006 SANDY TERRACE C.T
City-St-Zip: DAYTONA BEACH, FL 32119

Title: S ( ) Delete
Name: COMBS, BARBARA
Address: 23 DARTMOUTH TR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: AT ( ) Delete
Name: COVINGTON, GARRETTE
Address: 663 MADISON AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ATBM ( ) Delete
Name: COVINGTON, SYLVESTER
Address: 5320 DR. MARY MCLEOUD BETHUNE BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ATLM (X) Change ( ) Addition
Name: GOODMAN, BETTY
Address: 515 DR MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S (X) Change ( ) Addition
Name: COVINGTON, GARRETTE
Address: 663 MADISON AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP (X) Change ( ) Addition
Name: COVINGTON, SYLVESTER
Address: 532 DR. MARY MCLEOUD BETHUNE BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

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: KEVIN B. TAYLOR P 04/30/2004

Electronic Signature of Signing Officer or Director — Date