


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008067</b> 1. Entity Name NMZMBC CHRISTIAN ACADEMY, INC.		
Principal Place of Business 515 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114	Mailing Address 515 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> <span>02012005 No Chg-NP</span> <span>CR2E037 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number          16-1634228       </div> <div style="width: 35%; text-align: right;">         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> <b>\$8.75</b> Additional          Fee Required       </div> </div>		
6. Name and Address of Current Registered Agent  TAYLOR, KEVIN B 526 OAK STREET DAYTONA BEACH, FL 32114		<h2>DO NOT WRITE IN THIS SPACE</h2>
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, the registered agent.		
SIGNATURE <u><i>[Signature]</i> President</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>4/28/05</u>
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, KEVIN B 526 OAK STREET DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEMMONS, GLORIA 1006 SANDY TERRACE C.T DAYTONA BEACH, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATLM GOODMAN, BETTY 515 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COVINGTON, GARRETTE 663 MADISON AVE. DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COVINGTON, SYLVESTER 532 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/28/05</u> <u>(386) 253-3208</u> <small>Daytime Phone #</small>



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05/23/05-80001-009 61.25

**DO NOT WRITE IN THIS SPACE**