

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009092

1. Entity Name
GARDEN CREST CHRISTIAN ACADEMY, INC.



Principal Place of Business
**5901 NINTH AVE NORTH
ST PETERSBURG, FL 33710-6295**

Mailing Address
**5901 NINTH AVE NORTH
ST PETERSBURG, FL 33710-6295**



02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0765025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHERLOCK, MARTHA C
5901 NINTH AVE NORTH
ST PETERSBURG, FL 33710-6295**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000057825
02/20/04-80005-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	TP
NAME	RAWSON, E. KENT
STREET ADDRESS	424 PARK STREET NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	TS
NAME	SHERLOCK, MARTHA C
STREET ADDRESS	11523 91ST TERRACE
CITY-ST-ZIP	SEMINOLE, FL 33722
TITLE	TT
NAME	DORREL, CHARLES R
STREET ADDRESS	8728 28TH STREET CIRCLE EAST
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	T
NAME	KIPP, DONALD C
STREET ADDRESS	2854 60TH STREET NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	T
NAME	GOMEZ, ALFONSO
STREET ADDRESS	2050 45TH STREET NORTH
CITY-ST-ZIP	ST PETERBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 10, 2004

Date

Daytime Phone #

*E. Kent Rawson
President*