

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90055 019 ****61.25

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**

50006266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
01-0765025

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **TP** ☐ Delete
NAME **RAWSON, E. KENT**
STREET ADDRESS **424 PARK STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33710**

TITLE **TS** ☐ Delete
NAME **SHERLOCK, MARTHA C**
STREET ADDRESS **11523 91ST TERRACE**
CITY-ST-ZIP **SEMINOLE, FL 33722**

TITLE **TT** ☒ Delete
NAME **DORREL, CHARLES R**
STREET ADDRESS **8728 28TH STREET, CIRCLE EAST**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **T** ☒ Delete
NAME **KIPP, DONALD C**
STREET ADDRESS **2854 60TH STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33710**

TITLE **T** ☒ Delete
NAME **GOMEZ, ALFONSO**
STREET ADDRESS **2050 45TH STREET NORTH**
CITY-ST-ZIP **ST PETERBURG, FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **Trustee Tom Greene**
STREET ADDRESS **8010 Par Ave. N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE ☐ Change ☒ Addition
NAME **Trustee Robert Budd**
STREET ADDRESS **10209 - 2nd St. E**
CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☐ Change ☒ Addition
NAME **Trustee Camille Costi**
STREET ADDRESS **6325 - 32nd Ave. N**
CITY-ST-ZIP **St. Petersburg, FL 33710**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Date

727-541-3531

Daytime Phone #