

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

9/17/2004-90005-013-\$61.25-\$61.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

**DOCUMENT # N03000003129**

1. Entity Name  
**SUMTER CHRISTIAN ACADEMY, INC.**



Principal Place of Business: **9734 S US 301 BUSHNELL FL 33513 US**

Mailing Address: **9734 S US 301 BUSHNELL FL 33513 US**

2. Principal Place of Business: **same as above**

3. Mailing Address: **N/A**

Suite, Apt. #, etc.: **BUSHNELL**

City & State: **Bushnell Florida**

Zip: **33513** Country: **USA**

4. FEI Number: ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, MICHAEL K**  
**9756 S US 301**  
**BUSHNELL FL 33513**

7. Name and Address of New Registered Agent

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: Michael K. Graham (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By September 8, 2004

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: <b>Pt CEO</b>	NAME: <b>Michael Graham</b>	STREET ADDRESS: <b>9756 S US 301</b>	CITY-ST-ZIP: <b>Bushnell, FL 33513</b>	<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
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<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: <b>Secretary</b>	NAME: <b>Patricia Braun</b>	STREET ADDRESS: <b>106 S. Broad St.</b>	CITY-ST-ZIP: <b>Bushnell, FL 33513</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>Custodial services</b>	NAME: <b>Lori Glass</b>	STREET ADDRESS: <b>6132 CR 631</b>	CITY-ST-ZIP: <b>Bushnell, FL 33513</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 names empowered.

SIGNATURE: Michael K. Graham **Michael K. Graham** 352-793-4062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002

*Pastor Michael K. Graham*

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Recently we received a letter from your office requesting information regarding the officers and directors of Sumter Christian Academy. It is our desire to cooperate fully and completely with your request, however due to the complications created by the recent hurricanes, we have not been able to compile the information and then have it returned to the proper office in a timely fashion. It is because of this that we are appealing to you and those in authority to please forgive our tardiness and accept our apology for any inconvenience that this may have caused you and your people. We are therefore appealing to you to please waive the \$175.00 penalty seeing that the \$61.25 has already been sent in.

The following information is being sent concerning the officers and the directors of Sumter Christian Academy Inc.

Michael V. Graham  
Pastor Michael V. Graham

**Pastor Michael K. Graham**  
**Director & CEO of Sumter Christian Academy**

1. 1940年12月，国民党政府颁布《战时新闻纸杂志图书检查办法》，规定新闻纸、杂志、图书在出版前须经政府审查，违者将受严厉处罚。

***"A Church where Christ is our Message  
and Souls are our Mission"***

# SOWING THE WORD



**"Psalm 126:1-6"**