

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005447

FILED
Apr 30, 2005
Secretary of State

Entity Name: BERAN AMBASSADORS FOR CHRIST CHRISTIAN ACADEMY INC.

Current Principal Place of Business:

5438 BRISTOL BAY CT.
JACKSONVILLE, FL 32244

New Principal Place of Business:

5335 RAMONA BLVD
JACKSONVILLE, FL 32205

Current Mailing Address:

5438 BRISTOL BAY CT.
JACKSONVILLE, FL 32244

New Mailing Address:

14501 LAKE JESSUP DRIVE
JACKSONVILLE, FL 32259

FEI Number: 80-0069932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPE, MARI
5438 BRISTOL BAY CT.
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

HOPE, MARI
14501 LAKE JESSUP DRIVE
JACKSONVILLE, FL 32259 US

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: MARI HOPE

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOPE, MARI Y
Address: 5438 BRISTOL BAY CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: CHILDS, YVONNE
Address: 2021 HOLCROFT RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: HODGES, OCTAVIA
Address: 5436 BRISTOL BAY LANE N.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOPE, MARI Y
Address: 14501 LAKE JESSUP DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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

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

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: MARI HOPE

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date