

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005801

FILED
Jun 30, 2005
Secretary of State

Entity Name: FIRST NEW ZION CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

4819 SOUTEL DR STE A
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

4819 SOUTEL DR STE A
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 65-1169893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAMPSON, JAMES B DR
4835 SOUTEL DR
JACKSONVILLE, FL 32208 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAMPSON, JAMES B
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

Title: DV () Delete
Name: SAMPSON, SHEILA
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

Title: DT () Delete
Name: YOUNG, VERNETTA
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

Title: DS () Delete
Name: HENRY, ANDREA
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WASHINGTON, LAKISHA
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: BROWN, HARRY
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: GREENE, ALPHONSO
Address: 4819 SOUTEL DR STE A
City-St-Zip: JACKSONVILLE, FL 32208

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: DR. JAMES B. SAMPSON

DP

06/30/2005

Electronic Signature of Signing Officer or Director

Date