

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005819

FILED
Nov 29, 2009
Secretary of State

Entity Name: MONUMENT CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

1509 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1509 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 20-0070582 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:

JACKSON, ARLETHIA M
3544 BROCKWAY ROAD
JACKSONVILLE, FL 32250-151 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: ARLETHIA M. JACKSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JACKSON, ARLETHIA M
Address: 3544 BROCKWAY ROAD
City-St-Zip: JACKSONVILLE, FL 32250 15

Title: VP () Delete
Name: JACKSON, JOHN W SR.
Address: 3544 BROCKWAY ROAD
City-St-Zip: JACKSONVILLE, FL 32250 15

Title: SEC. () Delete
Name: BROWN, ALCINDA M
Address: 1615 RICHARDSON LANE
City-St-Zip: ATLANTIC BEACH, FL 32233 19

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARLETHIA M. JACKSON

PD

11/29/2009

Electronic Signature of Signing Officer or Director

Date