

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005819

**FILED**  
**Feb 09, 2010**  
**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:**

1509 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 19

**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)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ARLETHIA M. JACKSON

PD

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date