

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90063 036 ****61.25

DOCUMENT # N03000010378

1. Entity Name
BETHLEHEM CHRISTIAN ACADEMY, INC.



Principal Place of Business
P O BOX 50714
JACKSONVILLE BEACH, FL 32250

Mailing Address
1423 N 8TH AVE
JACKSONVILLE BEACH, FL 32250

54029665



2. Principal Place of Business
1423 N 8TH AVE
Suite, Apt. #, etc.

3. Mailing Address
P O Box 50714
Suite, Apt. #, etc.

02032004 Chg-NP CR2E037 (10/03)

City & State
Jacksonville Bch FL
Zip **32250** Country

City & State
Jacksonville Bch FL
Zip **32240** Country

4. FEI Number
47-0934053
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, PATRICIA
10444 SKYCREST DR
JACKSONVILLE, FL 32246

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 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 **P** ☐ Delete
NAME **COLEMAN, PATRICA**
STREET ADDRESS **10444 SKYCREST DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **V** ☐ Delete
NAME **REAGAN, HEIDI**
STREET ADDRESS **1413 CONSTITUTION PLACE**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **T** ☐ Delete
NAME **HUBER, JENNIFER**
STREET ADDRESS **458 10TH AVE S**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **S** ☐ Delete
NAME **MCCLELLAN, CATHY**
STREET ADDRESS **1230 CARLOTTA RD W**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Delete
NAME **HUBER, PAUL**
STREET ADDRESS **902 N 4TH ST**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Patricia Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/04 904-241-7242