

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010378**

1. Entity Name  
**BETHLEHEM CHRISTIAN ACADEMY, INC.**



Principal Place of Business  
**1423 N. 8TH AVE.  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**PO BOX 50714  
JACKSONVILLE BEACH, FL 32240**



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	COLEMAN, PATRICIA
STREET ADDRESS	10444 SKYCREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	V
NAME	REAGAN, HEIDI
STREET ADDRESS	1413 CONSTITUTION PLACE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T
NAME	HUBER, JENNIFER
STREET ADDRESS	458 10TH AVE S
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	MCCLELLAN, CATHY
STREET ADDRESS	1230 CARLOTTA RD W
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	HUBER, PAUL
STREET ADDRESS	902 N 4TH ST
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *Patricia Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/5/05 904-241-7242*