

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 26 AM 11:45

66027371



DOCUMENT # N04000007117
1. Entity Name
PLANTATION CHRISTIAN ACADEMY, INC.



Principal Place of Business: **6263 ROOSEVELT BLVD JACKSONVILLE FL 32244**
Mailing Address: **3936 FOURAKER ROAD JACKSONVILLE FL 32210**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **74-3126913** Applied For Not Applicable

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

2nd MOORE CR2E037 (5/05)

6. Name and Address of Current Registered Agent
**MURRAY, AVIS A REV.
3936 FOURAKER ROAD
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent
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 *Rev. Avis A. Murray* DATE **9/7/05**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	MURRAY, AVIS A REV. 3936 FOURAKER ROAD JACKSONVILLE FL 32210 VP President <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPANALE, HEATHER D 6233 ALFREDO DRIVE WEST JACKSONVILLE FL 32244 2VP <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVANS, THOMAS W 801 WHITMAN DRIVE DEXTER MO 63841 2VP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Paul L. Murray 13839 Lem Turner Rd Jacksonville, FL 32218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060049864 09/28/05--01050--016 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Paul L. Murray* DATE **9/7/05**