

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-27-2006 90256 003 ****61.25

DOCUMENT # N05000003821

1. Entity Name

MONTICELLO CHRISTIAN ACADEMY, INC.



Principal Place of Business

**1590 NORTH JEFFERSON ST.
MONTICELLO FL 32344**

Mailing Address

**1590 NORTH JEFFERSON ST.
MONTICELLO FL 32344**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

81-0673752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, BETTY
119 WOODLAND DRIVE
MONTICELLO FL 32344**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	MILLER, MAXIE	
STREET ADDRESS	1410 E. PEARL ST.	
CITY- ST- ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLECKNER, DALE	
STREET ADDRESS	553 JEFFERSON HEIGHTS RD.	
CITY- ST- ZIP	MONTICELLO FL 32344	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DODSON, JOHN W. REV.	
STREET ADDRESS	1590 NORTH JEFFERSON ST.	
CITY- ST- ZIP	MONTICELLO FL 32344	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKE, MIKE REV.	
STREET ADDRESS	1590 NORTH JEFFERSON ST.	
CITY- ST- ZIP	MONTICELLO FL 32344	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDIATE, ROY	
STREET ADDRESS	1590 NORTH JEFFERSON ST.	
CITY- ST- ZIP	MONTICELLO FL 32344	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDS, BETTY E.	
STREET ADDRESS	1590 NORTH JEFFERSON ST.	
CITY- ST- ZIP	MONTICELLO FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Betty E. Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #