

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 A**  
**Secretary of State**

**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**



08302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**MIMS, DEBRA  
1590 N. JEFFERSON ST.  
MONTICELLO, FL 32344**

**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

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

*Debra Mims*  
(NOTE: Registered Agent signature required when reappointing)

*8/30/07*  
DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000773187  
09/05/07-80001-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MILLER, MAXIE
STREET ADDRESS	1410 E. PEARL ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	CLECKNER, DALE
STREET ADDRESS	553 JEFFERSON HEIGHTS RD.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	DP
NAME	DODSON, JOHN W. REV.
STREET ADDRESS	1590 NORTH JEFFERSON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	VP
NAME	BURKE, MIKE REV.
STREET ADDRESS	1590 NORTH JEFFERSON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	S
NAME	MEDIATE, ROY
STREET ADDRESS	1590 NORTH JEFFERSON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	T
NAME	MIMS, DEBRA
STREET ADDRESS	1590 NORTH JEFFERSON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344

**DO NOT WRITE  
IN THIS SPACE**

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

*Dale J. Cleckner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/30/07*  
*850-997-5659*