

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N05605

1. Entity Name
AUCILLA CHRISTIAN ACADEMY BOOSTERS, INC.



Principal Place of Business

240 W. WASHINGTON ST.
MONTICELLO, FL 32344

Mailing Address

240 W. WASHINGTON ST.
MONTICELLO, FL 32344

DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2435410

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, GEORGE
240 W WASHINGTON STREET
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

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

000000126318
04/23/04-80029-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	KING, JERRY
STREET ADDRESS	RT 1
CITY-ST-ZIP	LAMONT, FL 32346
TITLE	TD
NAME	GUNNELS, BILL
STREET ADDRESS	800 S JEFFERSON ST
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	PD
NAME	SHERROD, JAMES
STREET ADDRESS	PO BOX 596
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	P
NAME	BUCKHALT, BILL
STREET ADDRESS	260 HOLLY RD.
CITY-ST-ZIP	MONTICELLO, FL 32344
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)(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:

Bill Gunnels

BILL GUNNELS, (TD)

4/20/04

850-671-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #