

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004598

FILED
Feb 09, 2012
Secretary of State

Entity Name: TEMPLE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210

New Principal Place of Business:

4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210 UN

Current Mailing Address:

4200 GEORGETOWN DR.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 33-1165354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PITTS, JACQUELYN B
6141 OLD MIDDLEBURG RD. S.
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: PITTS, JACQUELYN
Address: 6141 OLD MIDDLEBURG RD.
City-St-Zip: JACKSONVILLE, FL 32222

Title: DEAN
Name: BELL, PATRICIA
Address: 5015 GREENWAY DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: ED
Name: KING, MELISSA
Address: 1100 MAGGIE GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: AD
Name: REESE, WILLIAM
Address: 7901 BAYMEADOWS CIR. E - APT.#308
City-St-Zip: JACKSONVILLE, FL 32256

Title: ADM
Name: REESE, PATTI R
Address: 14043 HOLLINGS ST
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYN B. PITTS

PRIN

02/09/2012

Electronic Signature of Signing Officer or Director

Date