

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002183

FILED  
Sep 19, 2010  
Secretary of State

**Entity Name:** FLORIDA MARTIAL ARTS CHRISTIAN ACADEMY, CORP

**Current Principal Place of Business:**

500 WEST AVERY ST.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11275  
MILWAUKEE, WI 53211

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADELL, CYNT C CEO  
500 WEST AVERY  
PENSACOLA, FL 32501 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: D  
Name: MALLORY, BARBARA K  
Address: 500 WEST AVERY ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: D  
Name: BROWN, DOROTHY DR.  
Address: 1422 NORTH 7TH AVE.  
City-St-Zip: PENSACOLA, FL 32501

Title: D  
Name: ADELL, VIRGINIA A  
Address: 6044 N. SHERMAN BLVD  
City-St-Zip: MILWAUKEE, WI 53209

Title: T  
Name: IVY, CHARLOTTA  
Address: 3725 SUFFOLK DR.  
City-St-Zip: TALLAHASSEE, FL 32514

Title: VP  
Name: ADELL, NADIO  
Address: 6044 N. SHERMAN BLVD  
City-St-Zip: MILWAUKEE, WI 53209

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: CYNT C. ADELL

CEO

09/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date