


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90283 039 \*\*\*\*61.25

<b>DOCUMENT # N49114</b> 1. Entity Name FOUNDATION CHRISTIAN ACADEMY, INC.					
Principal Place of Business <del>2908 BELL SHOALS RD</del> <b>3955 Lithia Pinecrest</b> <del>BRANDON FL 33511</del> <b>Valrico, FL</b> <del>US</del> <b>33594</b>		Mailing Address <del>2908 BELL SHOALS RD</del> <b>3955 Lithia Pinecrest</b> <del>BRANDON FL 33511</del> <b>Valrico, FL</b> <del>US</del> <b>33594</b>			
2. Principal Place of Business <b>3955 Lithia Pinecrest</b> Suite, Apt. #, etc.		3. Mailing Address <b>3955 Lithia Pinecrest</b> Suite, Apt. #, etc.			
City & State <b>Valrico FL</b> Zip <b>33594</b>		City & State <b>Valrico, FL</b> Zip <b>33594</b>		Country <b>USA</b>	
4. FEI Number <b>59-3128048</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>COOK, HAROLD</b> <b>1202 THOMAS JACOBS PL</b> <b>BRANDON FL 33510</b>			7. Name and Address of New Registered Agent Name <b>Peggy Maddox</b> Street Address (P.O. Box Number is Not Acceptable) <b>4715 Dover Cliff Ct</b> City <b>Dover</b> <b>FL</b> Zip Code <b>33527</b>		
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 <u><i>Peggy Maddox</i></u> <b>4/18/05</b> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANKLIN, KENNETH W., JR 3609 CINNAMON TRACE. DR. VALRICO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T 5841 Audubon Manor Blvd. Lithia, FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUDSON, ERNIE 2015 GREEN JUNIPER LANE BRANDON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T 1020 Emerald Creek Dr. Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHENS, LARRY 3805 NORTHRIDGE DRIVE VALRICO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/T Peggy Maddox 4715 Dover Cliff Ct. Dover, FL 33527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOK, HAROLD 1202 THOMAS JACOBS PLACE BRANDON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Pam Key 2603 Pankaw Ln. Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Kelly Hale 2515 Centennial Falcon Dr. Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jonathan Smith 10117 Deepbrook Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Kenneth W. Franklin Jr</i></u> <b>4-8-05</b> <b>813-654-2969</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					