


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000000101 (5)**

1. Corporation Name

~~WELCOME HOME ACADEMY PRIVATE SCHOOL, INC.~~
SEACOAST CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

**9570 REGENCY SQ BLVD
JACKSONVILLE FL 32225
US**

**9570 REGENCY SQUARE BLVD
JACKSONVILLE FL 32225-8100
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3217007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CENAC, CONNIE
9570 REGENCY SQ BLVD
JACKSONVILLE FL 32225**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **600002184476
-05/20/97--01009--032**

84 City

*****61.25**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CENAC, CONNIE**
CITY - ST - ZIP **9570 REGENCY SQ BLVD
JACKSONVILLE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD**
1.3 STREET ADDRESS **Harcourt, Kathy S.**
1.4 CITY - ST - ZIP **9570 Regency Square Blvd.
Jacksonville, FL. 32225**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CEDENO, LEIGH ANNE**
CITY - ST - ZIP **9570 REGENCY SQ BLVD
JACKSONVILLE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Cenac, Dwight**
2.4 CITY - ST - ZIP **9570 Regency Square Blvd.
Jacksonville, FL. 32225**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **LARA, RAYMOND**
CITY - ST - ZIP **9570 REGENCY SQ BLVD
JACKSONVILLE BEACH FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Glidden, Margot**
3.4 CITY - ST - ZIP **9570 Regency Square Blvd.
Jacksonville, FL. 32225**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BARKER, DEBORAH**
CITY - ST - ZIP **9570 REGENCY SQ BLVD
JACKSONVILLE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Williams, Colin**
4.4 CITY - ST - ZIP **9570 Regency Square Blvd.
Jacksonville, FL. 32225**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FELIX, JIM**
CITY - ST - ZIP **1741 HAZELHURST DR
JACKSONVILLE FL 32216**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Batten, Faye**
5.4 CITY - ST - ZIP **925 West Edgewood Ave.
Jacksonville, FL. 32208**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **EDWARDS, MARY**
CITY - ST - ZIP **9570 REGENCY SQ BLVD
JACKSONVILLE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Batten, Larry**
6.4 CITY - ST - ZIP **925 West Edgewood Ave.
Jacksonville, FL. 32225**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Connie Cenac**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Cenac

(904) 725-7100

Date

Daytime Phone #0008083

CR2E037 (9/96)

CS
5/8/97