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FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000101 (5)**

1. Corporation Name

SEACOAST CHRISTIAN ACADEMY, INC.



Principal Place of Business 8570 REGENCY SQ BLVD JACKSONVILLE FL 32225 US	Mailing Address 9570 REGENCY SQUARE BLVD JACKSONVILLE FL 32225 US
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3. Date Incorporated or Qualified

01/07/1994

4. FEI Number

59-3217007

Applied For

Not Applicable

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

Country

29

Zip

Country

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

RAYMOND S. LARA

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

9570 REGENCY SQ. BLVD.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

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	PO	<input type="checkbox"/> DELETE
NAME	CENAC, CONNIE	
STREET ADDRESS	9570 REGENCY SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CEDENO, LEIGH ANNE	
STREET ADDRESS	9570 REGENCY SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARCOURT, KATHY S	
STREET ADDRESS	9570 REGENCY SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CENAC, DWIGHT	
STREET ADDRESS	9570 REGENCY SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELIX, JIM	
STREET ADDRESS	1741 HAZELHURST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLIDDEN, MARGOT	
STREET ADDRESS	9570 REGENCY SQ BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98
Date

904-725-7100
Daytime Phone #

0005805

CR2E037 (10/97)