

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90287 036 ****61.25

DOCUMENT # N94000000101

1. Entity Name

SEACOAST CHRISTIAN ACADEMY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3217007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LARA, RAYMOND S
 9570 REGENCY SQ BLVD
 JACKSONVILLE FL 32225~~

DELETE

Name

ANTHONY F. MARINUCCI

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

9570 REGENCY SQUARE BLVD.

City

JACKSONVILLE

FL

Zip Code

32225

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ANTHONY F. MARINUCCI

4/25/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **CENAC, CONNIE**
 STREET ADDRESS **9570 REGENCY SQ BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BARKER, DEBORAH**
 STREET ADDRESS **9570 REGENCY SQ BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **HARCOURT, KATHY S**
 STREET ADDRESS **9570 REGENCY SQ BLVD**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DENETTE, KATHY**
 STREET ADDRESS **9570 REGENCY SQ BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☒ Addition
 NAME **DYLAND, ROSE**
 STREET ADDRESS **9570 REGENCY SQUARE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32225**

TITLE **D** ☐ Delete
 NAME **HUTTO, EVA**
 STREET ADDRESS **9570 REGENCY SQUARE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GYLAND, STEVEN**
 STREET ADDRESS **9570 REGENCY SQ BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

POB 725-7100

Date

Daytime Phone #

CR2E037 (9/01)