

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**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**



04252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**MARINUCCI, ANTHONY F  
9570 REGENCY SQ BLVD  
JACKSONVILLE, FL 32225**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000143007  
04/30/04-80074-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CENAC, CONNIE 9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, DEBORAH 9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARCOURT, KATHY S 9570 REGENCY SQ BLVD JACKSONVILLE BEACH, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYLAND, ROSE 9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYLAND, STEVEN 9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Deborah Barker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**

**904-725-7100**

Date

Daytime Phone #

**DEBORAH BARKER, DIRECTOR**