


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARINUCCI, ANTHONY F 9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PD	CENAC, CONNIE	9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225		
	D	BARKER, DEBORAH	9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225		
	TD	HARCOURT, KATHY S	9570 REGENCY SQ BLVD JACKSONVILLE BEACH, FL 32225		
	D	GYLAND, ROSE	9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225		
	D	GYLAND, STEVEN	9570 REGENCY SQ BLVD JACKSONVILLE, FL 32225		
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>Kathy S. Harcourt</u> <u>Kathy S. Harcourt</u> <u>4/25/05</u> <u>(904) 725-7102</u>					
TREASURER-DIRECTOR					