

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000101

FILED
Apr 24, 2009
Secretary of State

Entity Name: SEACOAST CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

9570 REGENCY SQ BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3217007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CENAC, CONNIE
Address: 9570 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: HARCOURT, KATHY S
Address: 9570 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: GLIDDEN, MARGOT
Address: 9570 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32225

Title: D () Delete
Name: GYLAND, ROSE
Address: 9570 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: GYLAND, STEVEN
Address: 9570 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: STREMMEL, KEVIN L
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY HARCOURT

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date