FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001234 (3)

1. Corporate Name

THE ACADEMY FOR CHRISTIAN TRAINING, INC.

Principal Place of Business	Mailing Address
1539 CESERY BLVD JACKSONVILLE FL 32211	1539 CESERY BLVD JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3233790 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: Same	26: Same
22: Suite, Apt. #, etc	27: Suite, Apt. #, etc
23: City & State	28: City & State
24: Zip / 25: Country	29: Zip / 30: Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEWITT, ELDON L 1539 CESERY BLVD JACKSONVILLE FL 32211	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent Signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEWITT, ELDON JR	12 NAME	
STREET ADDRESS	2044 SPRINKLE DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	CARSWELL, ROBERT JR	22 NAME	
STREET ADDRESS	8471 CASSIE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WOODARD, DAVID	32 NAME	
STREET ADDRESS	7780 ALLSPICE CIR E	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eldon DeWitt Ph.D — 3-22-95 — 904 743 9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Eldon DeWitt Ph.D

0001884