## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400001234 (3)

THE ACADEMY FOR CHRISTIAN TRAINING, INC.

Principal Place of Business

Mailing Address

1530 CESERY BLUD

## **FILED** Jan 21 1997 8:00am Secretary of State



21 1557 CESERY Blyd 26 1557 CESERY Blwd 59-3233790 No.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  22 JACKSON U110 27 JACKSON U110 5. Certificate of Status Desired 5. Suite, Apt. #, etc.  City & State City & State 6. Election Campaign Financing 7. St. Oo.  Zip Country 7. Country 7. Country 8. This corporation has liability for intangible tax under serior florida Statutes 7. Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 8. Street Address (P.O. Box Number is Not Acceptable) 1539 CESERY BLVD 1539 CESERY BLVD 1539 CESERY BLVD 1539 CESERY BLVD 1530 CE	oplied For ot Applicable Additional equired May Be to Fees
21 1.5 5.7 CESERY Blvd 28 1.5 5.7 CESERY Blwd 59-3233790 No Suite, Apt #, etc.  22 JACKSON UITE 27 JACKSON UITE 5. Certificate of Status Desired 5. Section Campaign Financing 75.00 Trust Fund Contribution Added 7. Trust Fund Contribution 7. Added 7. Trust Fund Contribution 7. Added 8. This corporation has liability for intangible tax under 8. This corporation has liability for intangible tax under 8. Florida Statutes 7. Ves. No 9. Name and Address of Current Registered Agent 7. Name 8. This corporation has liability for intangible tax under 8. Florida Statutes 7. Ves. No 9. Name and Address of Current Registered Agent 7. Name 8. This corporation has liability for intangible tax under 8. Florida Statutes 7. Ves. No 9. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. The Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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	ot Applicable Additional equired May Be to Fees
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  The Long of Line of Status Desired   S8.75    Fee Receive State   See Receive Stat	Additional equired May Be to Fees
Street Address of Status Desired   Fee Record   Status Desired   Fee Record   Fee	equired May Be to Fees
City & State  Trust Fund Contribution  Added to Added to Added to Country  Added to Country  Country  Country  Country  Country  Solution  Priorida Statutes  Florida Statutes  Personal Address of Current Registered Agent  City & State  Country  Solution  Registered Agent  10. Name and Address of New Registered Agent  B1 Name  DEWITT, ELDON L  1539 CESERY BLVD  JACKSONMILLE FL 32211  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zip of City of City City Country  City Country  Solution  Country  Solution  Added to Country  Florida Statutes  B1 Name  City FL B5 Zip of City City City City City City City City	to Fees
Zip Country Zip Country S. This corporation has liability for intangible tax under s  24 3221 25 044 29 3221 30 044 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  DEWITT, ELDON L  1539 CESERY BLVD  JACKSONMILE FL 32211  82 Street Address (P.O. Box Number is Not Acceptable)  83 Agent Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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	. 199.032,
9. Name and Address of Current Registered Agent  81 Name  DEWITT, ELDON L 1539 CESERY BLVD JACKSONVILLE FL 32211  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zipulation of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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	
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signature types or printed harve of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE	is registered registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE D DELETE 1.1 TITLE Change	Addition
NAME DEWITT, ELDON 🖈 1.2 NAME	
STREET ADDRESS 2044 SPRINKLE DR 1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP	Contract of the contract of th
TITLE T DELETE 2.1 TITLE Change	Addition
NAME CARSWELL, ROBERT JR SIREET ADDRESS 8471 CASSIE ROAD 2.3 STREET ADDRESS	
LACK CONTROLL P. P.	
CITY-ST-ZIP JAURSUNVILLE FL 2.4 CITY-ST-ZIP  TITLE T DELETE 31 TITLE Change	Addition
NAME WOODARD, DAVID 32 NAME	
STREET ADDRESS 7780 ALLSPICE CIR E 3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP	Addition
NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS	
STREET ADDRESS  GITY-ST-ZIP  5.54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	
NAME 6.2 NAME	Addition
STREET ADDRESS 6.3 STREET ADDRESS	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	Addition

14. I do 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 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 Dewit