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Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001234 (3)

1. Corporation Name

THE ACADEMY FOR CHRISTIAN TRAINING, INC.

Principal Place of Business

Mailing Address

1539 CESERY BLVD
JACKSONVILLE FL 322111539 CESERY BLVD
JACKSONVILLE FL 32211-53293. Date Incorporated or Qualified
03/08/19943a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 1557 CESERY Blvd

26 1557 CESERY Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jacksonville

27 Jacksonville

City & State

City & State

23 Florida

28 Florida

Zip

Country

Zip

Country

24 32211

25 Duval

29 32211

30 Duval

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE Eldon Dewitt

Eldon Dewitt

1-8-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DEWITT, ELDON
STREET ADDRESS 2044 SPRINKLE DR
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T
NAME CARSWELL, ROBERT JR
STREET ADDRESS 8471 CASSIE ROAD
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T
NAME WOODARD, DAVID
STREET ADDRESS 7780 ALLSPICE CIR E
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 Dewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97 904 743 9094

Date

Daytime Phone #0005512

CR2E037 (9/96)