

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001234**

1. Entity Name

THE ACADEMY FOR CHRISTIAN TRAINING, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 2:45

N0041070

Principal Place of Business

Mailing Address

CESERY BLVD.
JACKSONVILLE FL 322111557 CESERY BLVD.
JACKSONVILLE FL 32211-5329
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3233790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWITT, ELDON L.
1539 CESERY BLVD
JACKSONVILLE FL 32211

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD DEWITT, ELDON 2044 SPRINKLE DR JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hendon, Charles 931 Jarick Ct. E Jar. Fl. 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD CARSWELL, ROBERT JR 913 JARICK CIRCLE E. JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hendon, Lisa 931 Jarick Ct. E Jar. Fl. 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST HENRY, ROBERT P.O. BOX 398 GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M CARSON, LARRY 711 ST JOHNS BLUFF RD N JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M DEWITT, PATRICIA A 2044 SPRINKLE DR JACKSONVILLE FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
M BRIM, D.A. 9450 CARBONDALE DR JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

904943-9094

Daytime Phone #

CR2E037 (9/99)