

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90016 020 ****61.25

DOCUMENT # N94000001234

1. Entity Name

THE ACADEMY FOR CHRISTIAN TRAINING, INC.



Principal Place of Business

1557 CESERY BLVD.
JACKSONVILLE, FL 32211 US

Mailing Address

1557 CESERY BLVD.
JACKSONVILLE, FL 32211 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3233790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEWITT, ELDON L
1539 CESERY BLVD
JACKSONVILLE, FL 32211

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEWITT, ELDON
STREET ADDRESS	2044 SPRINKLE DR
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	STANFIELD, LARRY
STREET ADDRESS	1227 BAY BREEZE DR
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	DEWITT, PATRICIA A
STREET ADDRESS	2044 SPRINKLE DR
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	Donita Perry
NAME	3219 Cesery Blvd.
STREET ADDRESS	Jax. Fl. 32211
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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:

Patricia Dewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #