



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

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
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01152007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3233790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWITT, ELDON 2044 SPRINKLE DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, PATRICIA A 2044 SPRINKLE DR JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, BOB PO BOX 398 GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80121-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #