

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2008  
Secretary of State**

DOCUMENT# N94000001234

Entity Name: THE ACADEMY FOR CHRISTIAN TRAINING, INC.

**Current Principal Place of Business:**

1557 CESERY BLVD.  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

1555 CESERY BLVD.  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

1557 CESERY BLVD.  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

1555 CESERY BLVD.  
JACKSONVILLE, FL 32211 US

FEI Number: 59-3233790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEWITT, ELDON L  
1539 CESERY BLVD  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEWITT, ELDON  
Address: 2044 SPRINKLE DR  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: DEWITT, PATRICIA A  
Address: 2044 SPRINKLE DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: HENRY, BOB  
Address: PO BOX 398  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DEWITT

TREA

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date