


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

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90005 020 ****61.25

DOCUMENT # N97000001895 1. Entity Name ST. JOHN'S ELOISE FEAGINS CHRISTIAN ACADEMY	
---	---

Principal Place of Business 2025 W. CENTRAL BLVD. ORLANDO, FL 32805	Mailing Address 2025 W. CENTRAL BLVD. ORLANDO, FL 32805
---	---

40006331



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3510155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOLT, PATRICIA C PRES 8614 KNOTTINGHAM DR. ORLANDO, FL 34747	DO NOT WRITE 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 Patricia C Holt DATE 1-19-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JENKINS, ROSE MRS 2133D ORANGE CENTER BLVD. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCCOY, ELLA MRS 2231 CINDY CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RUFFIN, DORIS MRS 4005 ORKNEY AVE. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FOSTER, ANGELA MRS 603 TOWNE SQUARE CENTER BLVD. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS 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 C Holt DATE 1-19-05

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