

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3510155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, PATRICIA C PRES
8614 KNOTTINGHAM DR.
ORLANDO FL 34747

7. Name and Address of New Registered Agent

Name Jesse Windom
Street Address (P.O. Box Number is Not Acceptable)
4408 Malibu St.
City Orlando FL Zip Code 32811

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)

4/2/06
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, ROSE MRS	
STREET ADDRESS	2133D ORANGE CENTER BLVD.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	MCCOY, ELLA MRS	
STREET ADDRESS	2231 CINDY CT.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	RUFFIN, DORIS MRS	
STREET ADDRESS	4005 ORKNEY AVE.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, ANGELA MRS	
STREET ADDRESS	603 TOWNE SQUARE CENTER BLVD.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	<u>Arlee Jones-</u>	<input type="checkbox"/> Delete
NAME	<u>Vice-Chairman Trustee</u>	
STREET ADDRESS	<u>10113 Granit Bay Dr.</u>	
CITY-ST-ZIP	<u>Orl. Fl. 32832</u>	
TITLE	<u>Gail Washington</u>	<input type="checkbox"/> Delete
NAME	<u>2079 Longfellow Ct</u>	<u>Addition</u>
STREET ADDRESS	<u>Orl. Fl. 32818</u>	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>Maintenance</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Rickey Claitt</u>	
STREET ADDRESS	<u>5830 Grand Canyon Dr</u>	
CITY-ST-ZIP	<u>Orl. Fl. 32810</u>	
TITLE	<u>Maintenance</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Leroy Davis</u>	
STREET ADDRESS	<u>3911 Wells</u>	
CITY-ST-ZIP	<u>Orl. Fl. 32805</u>	
TITLE	<u>Robert Eucand</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>8631 Knottingham Dr</u>	
STREET ADDRESS	<u>Kissimmee, Fl. 34747</u>	
CITY-ST-ZIP		
TITLE	<u>Finance</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Autmon Mitchell</u>	
STREET ADDRESS	<u>7337 Cherry Laurel Dr</u>	
CITY-ST-ZIP	<u>Orl. Fl. 32835</u>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>→</u>	
STREET ADDRESS	<u>→</u>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>→</u>	
STREET ADDRESS	<u>→</u>	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06
DATE

Daytime Phone #