

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000003008

1. Entity Name

JENNINGS FIRST CHRISTIAN SCHOOL, INC.



Principal Place of Business

1286 MCCALL ST  
JENNINGS FL 32053

Mailing Address

P.O. BOX 37  
JENNINGS FL 32053  
US

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 (10/04)

4. FEI Number

59-3405869

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKMAN, RALPH  
1286 MCCALL ST  
JENNINGS FL 32053

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Ralph Blackman*

*Ralph Blackman*

*Pastor*

*4-8-05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	BLACK, THOMAS JR	
STREET ADDRESS	7303 N.W. 75TH LANE	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUDY, RICKEY	
STREET ADDRESS	P.O. BOX 356	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURY, JOE	
STREET ADDRESS	P.O. BOX 321	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLACKMAN, RALPH	
STREET ADDRESS	1286 MCCALL ST	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLAND, CARLENE	
STREET ADDRESS	4641 NW CR 141	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, CONRAD	
STREET ADDRESS	2729 HWY S	
CITY - ST - ZIP	LAKE PARK GA 31636	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Ralph Blackman*

*Ralph Blackman*

*4-8-05*

*386-934-1129*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #