


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

FILED
May 03, 2006 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

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	7. Name and Address of New Registered Agent
BLACKMAN, RALPH 1286 MCCALL ST JENNINGS FL 32053	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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10												
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLACK, THOMAS JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7303 N.W. 75TH LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JENNINGS FL 32053</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BLACK, THOMAS JR		STREET ADDRESS	7303 N.W. 75TH LANE		CITY - ST - ZIP	JENNINGS FL 32053		<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000561842 05/19/06-80030-008 61.25
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TITLE	D	<input type="checkbox"/> Delete											
NAME	DURY, JOE												
STREET ADDRESS	P.O. BOX 321												
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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: *Ralph Blackman* *Ralph Blackman 11-25-06 346-930-7573*