2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2008 8:00 am Secretary of State DOCUMENT # N97000003008 1. Entiry Name 05-02-2008 90120 042 ****61.25 JENNINGS FIRST CHRISTIAN SCHOOL, INC. Principal Place of Business Mailing Address 1286 MCCALL ST JENNINGS FL 32053 P.O. BOX 37 JENNINGS FL 32053 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suire, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3405869 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKMAN, RALPH Street Address (P.O. Box Number is Not Acceptable) 1286 MCCALL ST JENNINGS FL 32053 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. Fam familiar with, and accept the obligations of registered agent 3-30-08 DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due By May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLACK, THOMAS JR NAME NAME STREET ADDRESS 7303 N.W. 75TH LANE STREET ADDRESS JENNINGS FL 32053 CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE TITLE ☐ Change Addition HOLLAND, CARL NAME 4641 NW CR 141 STREET ADDRESS STREET ADDRESS JENNINGS FL 32053 CITY-ST-ZIP CITY-ST-7P TITLE Delete THEF Change Addition DURY, JOE NAME NAME STREET ADDRESS P.O. BOX 321 STREET ADDRESS JENNINGS FL 32053 CITY-ST-7IP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition BLACKMAN, RALPH NAME NAME STREET ADDRESS 1286 MCCALL ST STREET ADDRESS CITY-ST-ZIP JENNINGS FL 32053 CITY-ST-Z-P TITLE ☐ Dalete TITLE Change Addition HOLLAND, CARLENE NAME 4641 NW CR 141 STREET ADDRESS STREET ADDRESS JENNINGS FL 32053 CITY-ST-ZIP CHY-ST-ZP Delete THE TITLE Change Addition NAME ROGERS, CONRAD NAME 2729 HWY S STREET ADDRESS STREET ADDRESS LAKE PARK GA 31636 CITY-ST-ZIP CITY-ST-ZIP

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it changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE: Rakk Blackman Ralph Blackman 3-30-08 386-938-3537

12. Thereby 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