

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 041 ****61.25

DOCUMENT # N98000003740

1. Entity Name

FT. CAROLINE BAPTIST ACADEMY, INC.



Principal Place of Business

11428 MCCORMICK RD
JACKSONVILLE, FL 32225

Mailing Address

11428 MCCORMICK RD
JACKSONVILLE, FL 32225

40003260



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, RICHARD E
11428 MCCORMICK RD
JACKSONVILLE, FL 32225

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAFFORD, WILLIAM G
STREET ADDRESS 11428 MCCORMICK RD
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE VD
NAME CAUSEY, WILBUR E
STREET ADDRESS 11428 MCCORMICK RD
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE SD
NAME FUTRELLE, MIKE
STREET ADDRESS 11428 MCCORMICK RD
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE S
NAME GRAY, LORI L
STREET ADDRESS 11428 MCCORMICK RD
CITY - ST - ZIP JACKSONVILLE, FL 32225

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 exemptions contained in Chapter 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: _____

Lori L. Gray
Lori L. Gray

1-9-06

Date

904-642-3210

Daytime Phone #