## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 05, 2007 08:00 AM DOCUMENT # N98000003740 **Secretary of State** FT. CAROLINE BAPTIST ACADEMY, INC. Principal Place of Business Mailing Address 11428 MCCORMICK RD 11428 MCCORMICK RD JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3526632 Not Applicable Zip Country Zip 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 Namo POWELL, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 11428 MCCORMICK RD JACKSONVILLE FL 32225 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete Addition TITLE NAME PAFFORD, WILLIAM G NAME U00000622950 STREET ADDRESS STREET ADDRESS 11428 MCCORMICK RD 02/13/07-80047-006 61.25 CITY - ST - 71P CITY-ST-ZIP JACKSONVILLE FL 32225 TITLE vn ☐ Delete TITLE ☐ Change Addition NAME NAME CAUSEY, WILBUR E STREET ADDRESS STREET ADDRESS 11428 MCCORMICK RD CHY-SI-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 Delete DILE Change Addition SD NAME NAME FUTRELLE, MIKE STREET ADDRESS 11428 MCCORMICK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P JACKSONVILLE FL 32225 11111 Delete Change DILLE Addition NAME NAME GRAY, LORI L STREET ADDRESS STREET ADDRESS 11428 MCCORMICK RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change IIIE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-ST-ZIP I hereby cortify 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 eath; 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.

FILED

SIGNATURE: Sori J. Hay Lori L. Gray Feb. 1,2007 904-642-3210