

2000 UNIFORM BUSINESS REPORT (UBR)

4/17/00-90143-010-\$61.25-\$61.25

DOCUMENT # N99000000726

1. Entity Name

EVANGEL CHRISTIAN ACADEMY, INC.

Principal Place of Business

2300 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303

Mailing Address

2300 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3409231

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

Name

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

City

FL

Zip Code

ODOM, KELLIE G
2300 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303

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.

SIGNATURE

Kellie G. Odom, Administrator

9/16/00

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BROWNE, BERNARD REV.
STREET ADDRESS 4624 SCAWTHORNE RD.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ODOM, KELLIE G
STREET ADDRESS 2631 STONERIDGE DR.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GRAY, DENZIL
STREET ADDRESS P.O. BOX 1540 N/A
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GRAY, DENNIS
STREET ADDRESS RT. 16, BOX 8068
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/00

Date

385-9299

Daytime Phone #

CR2E037 (5/00)