

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-NP

CR2E037 (10/03)

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

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

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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:

Sign: are 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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000092882  
03/19/04-80026-021 70.00

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
TODD, TERYL REV  
2300 OLD BAINBRIDGE  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TD  
HUTCHESON, DAVID  
321 SPRUCE CREEK DR  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Kellie G. Odom*  
March 17, 2004  
Daytime Phone: #