

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 039 ****70.00

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**

50058962



2. Principal Place of Business

Same as above

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142005

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**

7. Name and Address of New Registered Agent

Name *Skipper, Julie*

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

2300 Old Bainbridge Rd.

City

Tallahassee

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Julie Skipper

Julie Skipper Vice President/Director

DATE

7/28/05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Skipper, Julie**
STREET ADDRESS **1814 Sunset Lane**
CITY-ST-ZIP **Tallahassee, Florida 32303**

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

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

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

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

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:

Julie Skipper

Julie Skipper

7/28/05

(850)385-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
50058962
Division of Corporations

Annual Report

The following is a review of the information you are submitting for the filing of your Annual Report. Please verify the information and any changes made for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	N99000000726
Business Entity Name	EVANGEL CHRISTIAN ACADEMY, INC.
FEI Number	593409231
FEI Number Status	Current
Certificate of Status Desired	Yes
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	2300 OLD BAINBRIDGE RD.
Suite, Apt. #, etc.	
City, State	TALLAHASSEE, FL
Zip Code & Country	32303

Mailing Address

Address	2300 OLD BAINBRIDGE RD.
Suite, Apt. #, etc.	
City, State	TALLAHASSEE, FL
Zip Code & Country	32303

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	SKIPPER, JULIE
Address	2300 OLD BAINBRIDGE RD.
Suite, Apt. #, etc.	
City, State	TALLAHASSEE, FL
Zip Code & Country	32303 US
Registered Agent Signature	JULIE SKIPPER, VD

Officer/Director Name And Address

Title	VD
Name (Last, First, Middle, Title)	SKIPPER, JULIE
Street Address	1814 SUNSET LANE
City, State	TALLAHASSEE, FL
Zip Code & Country	32303
Title	PD
Name (Last, First, Middle, Title)	TODD, TERYL , REV
Street Address	2300 OLD BAINBRIDGE
City, State	TALLAHASSEE, FL
Zip Code & Country	32303
Title	TD
Name (Last, First, Middle, Title)	HUTCHESON, DAVID
Street Address	321 SPRUCE CREEK DR

Division of Corporations

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City, State

TALLAHASSEE, FL

Zip Code & Country

32312

Title

VD

ATTACHMENT

Officer/Director Signature

JULIE SKIPPER

Continue

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ATTACHMENT
50058962
Division of Corporations

Annual Report

Annual Report Fee

Document Number

N99000000726

Business Entity Name

EVANGEL CHRISTIAN ACADEMY, INC.

FEI Number

593409231

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☒ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

2300 OLD BAINBRIDGE RD.

Suite, Apt. #, etc.

City, State

TALLAHASSEE

FL

Zip Code & Country

32303

Mailing Address

Address

2300 OLD BAINBRIDGE RD.

Suite, Apt. #, etc.

City, State

TALLAHASSEE

FL

Zip Code & Country

32303

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SKIPPER

JULIE

-or- RA Business Name

Address (PO Box is not acceptable)

2300 OLD BAINBRIDGE RD.

Suite, Apt. #, etc.

City, State

TALLAHASSEE

FL

Zip Code & Country

32303

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Julie Skipper, VD

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#N/99000000726
50058962

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	VD			
Name (Last, First, Middle, Title)	SKIPPER	JULIE		
-or- Entity Name				
Street Address	1814 SUNSET LANE			
City, State	TALLAHASSEE	FL		
Zip Code & Country	32303			
Title	PD			
Name (Last, First, Middle, Title)	TODD	TERYL		REV
-or- Entity Name				
Street Address	2300 OLD BAINBRIDGE			
City, State	TALLAHASSEE	FL		
Zip Code & Country	32303			
Title	TD			
Name (Last, First, Middle, Title)	HUTCHESON	DAVID		
-or- Entity Name				
Street Address	321 SPRUCE CREEK DR			
City, State	TALLAHASSEE	FL		
Zip Code & Country	32312			
Title				
Name (Last, First, Middle, Title)				
-or- Entity Name				
Street Address				
City, State				
Zip Code & Country				
Title				
Name (Last, First, Middle, Title)				
-or- Entity Name				
Street Address				
City, State				
Zip Code & Country				
Title				
Name (Last, First, Middle, Title)				
-or- Entity Name				

ATTACHMENT

#N99000000726
57058962

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

VD

Officer/Director Signature JULIE SKIPPER

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.



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