## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

						08_01_20	<b>ע</b> יכחחס אחר	8 039 ****	70.00
DOCUMENT # N9900000726  1. Entity Name EVANGEL CHRISTIAN ACADEMY, INC.						08-01-20	103 9002		70.00
	e of Business AINBRIDGE RD. E, FL 32303	Mailing Address 2300 OLD BAINBRIDGE I TALLAHASSEE, FL 3230					500	058962	<b>?</b>
	, <b>199</b>								
2. Principal P	Place of Business Some of above	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			07142005	Chg-NP	CR2	E037 (10/03)	
City & Stat	е ?	City & State			4. FEI Numbe				pplied For
Zip	Country	Zip Zip	Country		59-3409	of Status Desire	ed Vi	\$8.75 Ad	lot Applicable Iditional
	6. Name and Address of Current	Registered Agent				Address of Ne		Fee Requir	ed
00014.1/5	, A.	Trogistation Agent	Name	SKº	COC C	7:11		en Affert	
	BAINBRIDGE RD.		Street A	ddress (F	D. Box Numbe	is Not Accep	table)		
TALLAHAS	SSEE, FL 32303			23	00 01	d Ban	bric	to R	A
			City	5 II .	la a see			Zig Co	<u>ッ</u>
8. The above	named entity submits this statement fo	or the purpose of changing its re	gistered office o	r register	ed agent, or bot	h, in the State o			303 i, and accept
tilo ooligat	Ondie Skino	Tulia	Skins	· ^ · ~	. /:		4	l-	rlagli.
SIGNATURE !	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signa	ture required	VICE HY when reinstating)	esident/	Direct	TE ,	<u>/[28</u> /03
SIGNATURE !	Signature, typed or printed name of rejusted agent	9. Election Camp	paign Financing	ture required	when reinstating)	<del></del>	DA	TE seck payable	/[28/05 to
D	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Co	paign Financing Intribution.		\$5.00 May B	<del>7</del>	Make ch	eck payable partment of \$	State
<b>D</b> (	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing Intribution		when reinstating) \$5.00 May B	<del>7</del>	Make ch	eck payable partment of \$	State N 10
10. TITLE NAME	Filing Fee is \$61.25 ue by September 7, 2005  OFFICERS AND DII  VD  ODOM, KELLIË G	9. Election Camp Trust Fund Co	paign Financing intribution.  11. TITLE NAME		\$5.00 May Banded to Fees	NIGES TO OFF	Make ch	eck payable partment of \$	State
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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

Date

Date

Daytor Phone #



## **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

**Business Entity Name** 

FEI Number

**FEI Number Status** 

Certificate of Status Desired

**Election Campaign Financing Trust Fund Contribution** 

N99000000726

EVANGEL CHRISTIAN ACADEMY, INC.

593409231

Current

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

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

Name (Last, First, Middle, Title)

SKIPPER, JULIE 1814 SUNSET LANE

Street Address City, State

TALLAHASSEE, FL

Zip Code & Country

32303 PD

Name (Last, First, Middle, Title)

TODD, TERYL, REV

Street Address

2300 OLD BAINBRIDGE

City, State

TALLAHASSEE, FL

Zip Code & Country

32303

TD

Name (Last, First, Middle, Title)

HUTCHESON, DAVID

Street Address

321 SPRUCE CREEK DR

**Division of Corporations** 

Page 2 of 2

City, State

Zip Code & Country

TALLAHASSEE; FL ATTACHMENT

Title

Officer/Director Signature JULIE SKIPPER





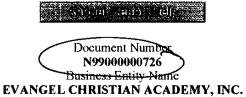
Sunbiz Home Page

**Annual Report Help** 





## **Annual Report**



	,
FEI Number	593409231
FEI Number Status	O Applied For O Not Applicable O Current
Certificate of Status Desired	• Yes O No \$8.75 cach
Election Campaign Financing Trus	st Fund Contribution O Yes O No
	Principal Place of Business
Address	2300 OLD BAINBRIDGE RD.
	2000 OED DYMINITIONEE YES
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
	SKIFFER 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
in the 'Registered Agent registered agent. RA signat	signature' block below to accept the designation of ure must be an individual name. If the RA is a business gn on their behalf. A business entity cannot serve as its

own RA.

Registered Agent Signature Julie Skipper, VD

ATTACHMENT

Page 2 of 3 #N99000000726 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.

Offi	cer/Director Name	And Address	
Title	VD		
Name (Last, First, Middle, Title)	SKIPPER	JULIE	
-or- Entity Name			
Street Address	1814 SUNSET LAN	IE	
City, State	TALLAHASSEE	, FL	
Zip Code & Country	32303		
Title	PD		
Name (Last, First, Middle, Title)	TODD	TERYL	, REV
-or- Entity Name	<u></u>		
Street Address	2300 OLD BAINBR	IDGE	
City, State	TALLAHASSEE	, FL	
Zip Code & Country	32303		
Title	TD		
Name (Last, First, Middle, Title)	HUTCHESON	DAVID	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-or- Entity Name			
Street Address	321 SPRUCE CRE	EK 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		J	
Title			
Name (Last, First, Middle, Title)		],	, , ,
-or- Entity Name			
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Zip Code & Country			
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Name (Last, First, Middle, Title)		ļ,	],
-or- Entity Name			

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Street Address City, State

Zip Code & Country

ALIACHMENT #N99000000726

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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