

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002472

**Entity Name:** FIRST BAPTIST CHILDREN'S ACADEMY, INC.**Current Principal Place of Business:**1570 W MAIN STREET  
WAUCHULA, FL 33873**Current Mailing Address:**PO BOX 1718  
WAUCHULA, FL 33873**FEI Number: 01-0773533****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATCHLEY, TERRY  
1035 KNOLLWOOD CIRCLE  
WAUCHULA, FL 33873 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ATCHLEY, TERRY  
Address 1035 KNOLLWOOD CIRCLE  
City-State-Zip: WAUCHULA FL 33873

Title VP.  
Name CONLEY, TERRI  
Address 2825 E. MAIN STREET  
City-State-Zip: WAUCHULA FL 33873

Title D  
Name CONERLY, DOTTIE  
Address PO BOX 413  
City-State-Zip: WAUCHULA FL 33873-0413

Title DIRECTOR  
Name CONERLY, BO  
Address 3145 OAKS BEND  
City-State-Zip: BOWLING GREEN FL 33834

Title D  
Name HUGHES, DARIN  
Address 712 CROSBY LANE  
City-State-Zip: WAUCHULA FL 33873

Title D  
Name PAZZAGLIA, TONY  
Address 2520 RALPH JOHNS ROAD  
City-State-Zip: WAUCHULA FL 33873

Title SECRETARY  
Name LINDSEY, NICOLE  
Address 539 CROSS CREEK LANE  
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR  
Name KEEN, NICOLE  
Address PO BOX 728  
City-State-Zip: WAUCHULA FL 33873

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TERRY ATCHLEY****PRESIDENT****04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FLORES, NOEY  
Address PO BOX 1893  
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR  
Name PRESCOTT, JESSICA  
Address 2965 OAKS BEND  
City-State-Zip: BOWLING GREEN FL 33834

Title DIRECTOR  
Name COLLINS, SYLVIA DR.  
Address 502 E. MAIN STREET  
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR  
Name CORNELL, CLAIRE  
Address 1267 ASPEN LANE  
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR  
Name HUNT, KENNETH  
Address PO BOX 221  
City-State-Zip: WAUCHULA FL 33873