#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002654

Entity Name: THE FIRST BAPTIST ACADEMY OF JACKSONVILLE, INC.

**FILED** Mar 11, 2013 **Secretary of State** CC5783008604

### **Current Principal Place of Business:**

124 WEST ASHLEY STREET JACKSONVILLE, FL 32202

#### **Current Mailing Address:**

124 WEST ASHLEY STREET JACKSONVILLE, FL 32202

FEI Number: 26-2880594 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MCCONNELL, JERRETT 1672 WOODMERE DR. JACKSONVILLE, FL 32210 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	P	Title	VP

WALLACE, RICKY BOGAN, JEFF Name Name

124 W ASHLEY STREET Address 124 W ASHLEY STREET Address JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip:

**SECRETARY** Title Title Т Name

SMITH, ELLE VANZANT, MARTHA Name

Address 124 WEST ASHLEY STREET Address 124 W ASHLEY STREET JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name LUKE, JENNIFER Name JONES, RYAN

Address 124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name GIBSON, JODY SOUD, ADRIAN Name

124 WEST ASHLEY STREET Address 124 WEST ASHLEY STREET Address City-State-Zip: JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip:

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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.

03/11/2013 SIGNATURE: JOHN BLOUNT DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title EX-OFFICIO DIRECTOR

Name BLOUNT, JOHN

Address 124 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202