

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002654

**FILED**  
**Feb 26, 2021**  
**Secretary of State**  
**8835417092CC**

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

**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:**

VAUGHN, JOSEPH L. JR.  
2468 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207 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: JOSEPH L. VAUGHN, JR.**

**02/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EX OFFICIO  
Name LAMBERT, HEATH DR.  
Address 124 W. ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title HEAD OF SCHOOL  
Name JOHNSON, SUSAN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT  
Name JONES, RYAN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name MARKHAM, PAM  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HOWARD, RICK  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name WALLACE, RICKY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HANSEN, KIMBERLY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name STALLARD, RILEY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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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.*

**SIGNATURE: SUSAN JOHNSON**

**HEAD OF SCHOOL**

**02/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOLT, CHAD  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name VAIL, ROBIN  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HOSKINS, COTY  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HINSON, KATIE  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name HOPF, BILL  
Address 124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202