

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000002654

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:

LEVERETTE, JUDSON
124 W ASHLEY STREET
JACKSONVILLE, FL 32202 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 EX-OFFICIO DIRECTOR
Name BLOUNT, JOHN
Address 124 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

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 VP
Name SMITH, ELLE
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 ANDREWS, RALPH
Address 124 WEST ASHLEY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name COWART, DAVID
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

07/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MCCALL, SHARICE
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