

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002654

**FILED**  
**Feb 10, 2014**  
**Secretary of State**  
**CC5183288380**

**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:**

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

Title           VC  
Name           SMITH, ELLE  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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

Title           SECRETARY  
Name           LUKE, JENNIFER  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title           CHAIRMAN  
Name           SOUD, ADRIAN  
Address        124 WEST ASHLEY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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

Title           EX-OFFICIO DIRECTOR  
Name           BLOUNT, JOHN  
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

**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: JOHN BLOUNT**

**DIRECTOR**

**02/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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