2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2020
Secretary of State
2205563610CC

DOCUMENT# N18000004059

Entity Name: ECLISPE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

630 INGRAM AVE
LAKELAND, FL 33801

Current Mailing Address:

1108 BARTOW #B19
B19
LAKLAND, FL 33801 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, GLORIET
1108 BARTOW RD
B19
LAKELAND, FL 33801 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
Name	BROWN, GLORIET
Address	1108 BARTOW RD
City-State-Zip:	LAKELAND FL 33801

Title	VP
Name	BRYANT, SCOTT
Address	5004 CAMBRY LANE
City-State-Zip:	LAKELAND FL 33801

Title	DEACON
Name	BROWN, EXZAVIAN COACH
Address	1108 BARTOW #B19 B19
City-State-Zip:	LAKLAND FL 33801

Title	PRESIDENT
Name	BOYD, MARVIN
Address	1108 BARTOW ROAD. APT. B19
City-State-Zip:	LAKELAND FL 33801

Title	VP
Name	BROWN, DUKE
Address	1919 W, 10TH ST.#9
City-State-Zip:	LAKELAND FL 33805

Title	COUNSELOR
Name	BROWN, LEEMAN COUNSELOR
Address	1108 BARTOW #B19 B19
City-State-Zip:	LAKELAND FL 33801

Title	DEACON
Name	BRYANT, PHILLIP
Address	1108 BARTOW #B19 B19
City-State-Zip:	LAKLAND FL 33801

Title	TEACHER
Name	BRYANT, DANYELLE
Address	1959 PRISTINE AVE
City-State-Zip:	LAKELAND FL 33805

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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: GLORIET BROWN PRESIDENT 06/29/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	COUNSELOR
Name	BROWN, SWAKIE
Address	3423 COVE COURT E.
City-State-Zip:	WINTER HAVEN FL 33880