

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000013055

Entity Name: GENERATIONS CHRISTIAN ACADEMY AT THE COMMONS, INC.**FILED**
Jan 16, 2024
Secretary of State
7787133384CC**Current Principal Place of Business:**1540 LITTLE ROAD
TRINITY, FL 34655**Current Mailing Address:**1540 LITTLE ROAD
TRINITY, FL 34655 US**FEI Number: 85-4000879****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASIATICO LAW, LLC
3030 N. ROCKY POINT DRIVE, SUITE 650
TAMPA, FL 33607 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 RATLIFF, MICHAEL
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name HITCHCOCK, SCOTT
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title DIRECTOR, PRESIDENT
Name SCOTT, JOHNNY
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name KEHOE, TOM
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name O'DONNELL, PATRICK
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title TREASURER
Name JUSTIN, DANIEL
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title DIRECTOR
Name CHAMBERS, ROB
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655Title DIRECTOR, SECRETARY
Name WALKER, TODD
Address 1540 LITTLE ROAD
City-State-Zip: TRINITY FL 34655**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: DANIEL JUSTIN**TREASURER****01/16/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHEN-FUNG, DAN
Address	1540 LITTLE ROAD
City-State-Zip:	TRINITY FL 34655