

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001405

**Entity Name:** FULFORD CHRISTIAN ACADEMY INC.**Current Principal Place of Business:**1900 NE 164TH ST.  
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1900 NE 164TH ST.  
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 65-0387053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULFORD UNITED METHODIST CHURCH, INC.  
1900 NE 164TH ST.  
MIAMI, FL 33162 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	TRUSTEE
Name	KING, JAMES
Address	1900 N.E. 164 STREET
City-State-Zip:	N MIAMI BEACH FL 33162

Title	OFFICER
Name	SBRISSA, SHARON
Address	1900 NE 164 ST
City-State-Zip:	N MIAMI BEACH FL 33162

Title	DIRECTOR
Name	JACKSON, SOPHIA AM
Address	1900 NE 164TH ST.
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TREASURER
Name	JAMES, BEVELRY
Address	1900 N.W. 164 STREET
City-State-Zip:	N MIAMI BEACH FL 33162

Title	OFFICER
Name	MORGAN, SHIRLEY
Address	1900 NE 164 ST
City-State-Zip:	N MIAMI BEACH FL 33162

Title	P
Name	MINTO, LEONA
Address	1900 NE 164TH ST.
City-State-Zip:	NORTH MIAMI BEACH FL 33162

*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:** SOPHIA JACKSON**DIRECTOR****01/10/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date