

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000101

Entity Name: SEACOAST CHRISTIAN ACADEMY, INC.**Current Principal Place of Business:**9570 REGENCY SQ BLVD
JACKSONVILLE, FL 32225**Current Mailing Address:**9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 US**FEI Number:** 59-3217007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKER, PAUL
9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 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:** PAUL BARKER

04/29/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY, CHAIRMAN
Name CENAC, CONNIE
Address 12677 SHINNECOCK COURT
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name CENAC, DWIGHT S
Address 12677 SHINNECOCK COURT
City-State-Zip: JACKSONVILLE FL 32225

Title CFO, DIRECTOR
Name HARCOURT, KATHY
Address 14073 PINE ISLAND DRIVE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name GYLAND, DR. STEPHEN P
Address 3366 ROYAL PALM DRIVE
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR
Name MCCAULEY, AUDREY
Address 3264 RACQUET COURT
City-State-Zip: JACKSONVILLE FL 32277

Title DIRECTOR
Name STREMMEL, KEVIN
Address 12777 MUIRFIELD BLVD N
City-State-Zip: JACKSONVILLE FL 32225

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: KATHY HARCOURT

CFO

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date