

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003740

**Entity Name:** FT. CAROLINE BAPTIST ACADEMY, INC.**Current Principal Place of Business:**11428 MCCORMICK RD  
JACKSONVILLE, FL 32225**Current Mailing Address:**11428 MCCORMICK RD  
JACKSONVILLE, FL 32225**FEI Number:** 59-3526632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL, RICHARD E  
11428 MCCORMICK RD  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	PAFFORD, WILLIAM G
Address	11428 MCCORMICK RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	VD
Name	BECKER, PAMELA P
Address	11428 MCCORMICK RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	S
Name	GRAY, LORI L
Address	11428 MCCORMICK RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	TAYLOR, SCOTT
Address	11428 MCCORMICK RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR, SECRETARY, TREASURER
Name	DARY, KIMBERLY
Address	11428 MCCORMICK RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	LESNICK, MICHAEL
Address	11428 MCCORMICK RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	JONES, HAROLD
Address	11428 MCCORMICK RD
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: LORI L GRAY****SECRETARY****04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date