FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

THE FL	LORIDA CHRISTIAN SCHO	OOL OF DADE COUNTY,	INC		
Principal Place of Business		Mailing Address		{	!!!
4200 S.W. 89TH AVE. MIAMI FL 33165		4200 S.W. 89TH AVE. MIAMI FL 33165-5336			
				3. Date Incorporated or Qualified 07/16/1968	3a. Date of Last Report 05/20/1996
	lace of Business	2a. Mailing Address	<u> </u>	4. F£l Number	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-1221039	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State	, , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curr	29 ent Registered Agent]30]	Florida Statules L. 10. Name and Address of New Reg	Yes No
	a, Haille allu Addiess of Coll	ent neglateled Agent	81 Name	10. Name and Address of New He	gistered Agont
WELHAF, IVAN			00 0	/D.O. Day N In New Assessment	le à
4200 SW 89TH AVE			82 Street Add	ress (P.O. Box Number is Not Acceptab	(e)
MIAMI FL 33165			83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change visa authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Only The Control of the Contr					
12.	OFFICERS A	ND DIRECTORS/	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	GOAD, GARY	U Daten	1.1 TOLE 1.2 NAME		[_] Grigings [_] Addition
STREET ADDRESS	7475 S 118TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY - \$1 - ZIP		
TITLE	SD	☐ DELF1E	2.1 TITLE		Change Addition
NAME	KING, BRYAN		2.2 NAME		
STREET ADDRESS	4541 SW 97 COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2 4 CHY-ST-ZIP		[] Obacco [] Addition
TITLE	VD	☐ DETE1F	3 1 THLF 3 2 NAME		Change Addition
NAME STREET ADDRESS	RODRIGUEZ, LUIS 2202 SW 137TH PLACE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3.4. C(1Y - S1 - ZIP		
TITLE	PD PD	DOLFTE	4.1 1/JLE		Change Addition
NAME	VANN, FRANK B		4, 2 NAME		
STREET ADDRESS	13360D SW 89TH TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY - ST - 7IP		
TITLE		☐ DELETE	5 1 1/1/LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STAFFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - \$1 - 7IP 6.1 T(TLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CHY-S1-ZIP 14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED

Mar 18 1997 8:00am

Secretary of State