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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714963

1. Corporation Name
THE FLORIDA CHRISTIAN SCHOOL OF DADE COUNTY, INC

Principal Place of Business 4200 S.W. 89TH AVE. MIAMI FL 33165	Mailing Address 4200 S.W. 89TH AVE. MIAMI FL 33165
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1221039
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WELHAF, IVAN 4200 SW 89TH AVE MIAMI FL 33165	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 was 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 _____ (NOTE: Registered Agent signatures required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME KING, BRYAN	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4541 SW 97 COURT	CITY-ST-ZIP MIAMI, FL 00000	1.2 NAME	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VD	NAME RODRIGUEZ, LUIS	1.4 CITY-ST-ZIP	
STREET ADDRESS 2202 SW 137TH PLACE	CITY-ST-ZIP MIAMI, FL 00000	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	Treasurer
TITLE PD	NAME VANN, FRANK B	2.3 STREET ADDRESS	Luis Rodriguez
STREET ADDRESS 13360D SW 89TH TERR	CITY-ST-ZIP MIAMI, FL 00000	2.4 CITY-ST-ZIP	15241 SW 55th Terrace
	<input type="checkbox"/> DELETE	3.1 TITLE	Miami, FL 33185
TITLE		3.2 NAME	Vice President
NAME		3.3 STREET ADDRESS	Frank Vann
STREET ADDRESS		3.4 CITY-ST-ZIP	13360 D SW 89th Terrace
CITY-ST-ZIP			Miami, FL 33186
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		4.2 NAME	President
NAME		4.3 STREET ADDRESS	Reg Walters
STREET ADDRESS		4.4 CITY-ST-ZIP	7300 SW 61 Street
CITY-ST-ZIP			Miami, FL 33143
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		5.2 NAME	Secretary
NAME		5.3 STREET ADDRESS	Ivan Welhaf
STREET ADDRESS		5.4 CITY-ST-ZIP	12245 SW 39th Street
CITY-ST-ZIP		6.1 TITLE	Miami, FL 33175
	<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN C. WELHAF **SIGNATURE REQUIRED** Date: 1-31-99 Daytime Phone # _____

CR2037 (1/98)