

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730108 (8)
 1. Corporation Name
THE LAKE WORTH CHRISTIAN SCHOOL SOCIETY, INC.



Principal Place of Business 7582 HIGH RIDGE ROAD LANTANA FL 33462	Mailing Address 7582 HIGH RIDGE ROAD LANTANA FL 33462
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3. Date Incorporated or Qualified 06/29/1974	
4. FEI Number 59-0855397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**PATRICIA HAGEDORN
9107 PINION DR
LAKE WORTH FL 33467**

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

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GIDLE, RANDY	
STREET ADDRESS	1181 SW 24TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HAGEDORN, PATRICIA	
STREET ADDRESS	9107 PINION DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DYKSTRA, BUB	
STREET ADDRESS	8135 B BRIDEWATER CT	
CITY-ST-ZIP	LAKE SHORES FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, RICK	
STREET ADDRESS	1028 W MEDITERRANEAN	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, PAULA	
3.3 STREET ADDRESS	6678 HOLLANDAIRE DR.	
3.4 CITY-ST-ZIP	BOLA RATON, FL 33433	
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VANCE TALSMA	
4.3 STREET ADDRESS	4449 Redding Road	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	5000024184	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/02/98--01061--008	
6.3 STREET ADDRESS	***61.25	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Hagedorn* 1/16/98 571-586-8216

CR2E037 (10/97)