2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 730108 Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** THE LAKE WORTH CHRISTIAN SCHOOL SOCIETY, INC. 02-10-2000 90055 037 ****61.25 Principal Place of Business Mailing Address 7592 HIGH RIDGE ROAD 7592 HIGH RIDGE ROAD LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 30YNTON 59-0855397 BAYNTON BEACH. FO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EONAR D STOB Street Address (P.O. Box Number is Not Acceptable) PATRICIA HAGEDORN 9107 PINION DR LAKE WORTH FL 33467 8. 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 🔀 Addition Delete TITLE TITLE PHILLIP WIERENGA NAME GIDLE, RANDY NAME IDBII CAMBAY CIRCLE STREET ADDRESS 1181 SW 24TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL **BOYNTON BEACH FL** ☐ Addition **⊆***Change TITLE ☐ Delete TITLE UNDERWOOD, MARY ALICE NAME NAME 2587 NORTHSIDE DR. STREET ADDRESS STREET ADDRESS 1414 TAHOE CT CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33461 LANTANA, FL 33462 Change ☐ Addition TITLE DS. Delete TITLE NAME SMITH, PAULA STREET ADDRESS 6678 HOLLANDAIRE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 D۷ ☐ Change ☐ Addition TITLE Delete TITLE TALSMA, VANCE NAME NAME STREET ADDRESS STREET ADDRESS 4449 REDDING ROAD CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.