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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740541 (8)

1. Corporation Name
REDLAND CHRISTIAN ACADEMY, INC.



Principal Place of Business Mailing Address
17700 SW 280 ST. HOMESTEAD FL 33031 17700 SW 280 ST. HOMESTEAD FL 33031-3309

3. Date incorporated or Qualified 09/23/1977 3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1795662 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLEY, RUTH
15610 SW 298 TERRACE
LEISURE CITY FL 33033

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VT	<input type="checkbox"/> DELETE
NAME	PERRY, RUTH	
STREET ADDRESS	28201 SW 195TH AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTLEY, RUTH	
STREET ADDRESS	15610 SW 298 TERRACE	
CITY-ST-ZIP	LEISURE CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALDBILLIG, TED	
STREET ADDRESS	15971 SW 287TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, SHARON	
STREET ADDRESS	21701 SW 187TH AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, ART	
STREET ADDRESS	17701 S.W. 113TH AVE.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, MILTON	
STREET ADDRESS	9815 SW 294TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33033	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harris, Roland	
1.3 STREET ADDRESS	19240 SW 304 Street	
1.4 CITY-ST-ZIP	Homestead, FL 33030	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hartley, Ruth	
2.3 STREET ADDRESS	15610 SW 298 Terrace	
2.4 CITY-ST-ZIP	Leisure City, FL 33033	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lee, Paul	
3.3 STREET ADDRESS	510 NW 21 Street	
3.4 CITY-ST-ZIP	Homestead, FL 33030	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Milburn, Brian	
4.3 STREET ADDRESS	323 SW 4 Street	
4.4 CITY-ST-ZIP	Florida City, FL 33034	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wilson, Kristine	
5.3 STREET ADDRESS	537 SW 5 Street	
5.4 CITY-ST-ZIP	Florida City, FL 33034	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Baker, Glynda	
6.3 STREET ADDRESS	18850 SW 197 Avenue	
6.4 CITY-ST-ZIP	Miami, FL 33187	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ruth Perry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

Redland Christian Academy
17700 SW 280 Street
Homestead, Florida 33031

Document # 740541

Additional Officers/Directors:

D
Holt, Ritchie
16520 SW 294 Terrace
Homestead, FL 33033