FILE NOW: FILING FEE IS $61.25

FILED
May 02 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 # **749551** **(8)**

1. Corporation Name

SOUTHEAST ACCREDITING ASSOCIATION OF CHRISTIAN S CHOOLS, COLLEGES, AND SEMINARIES, INC.

Principal Place of Business	Mailing Address
TIAN SCHOOLS. COLLEGES. AND SEMINARIES.INC 1207 HAMILTON BRIDGE RD. MILTON FL 32570	TIAN SCHOOLS. COLLEGES. AND SEMINARIES.INC 1207 HAMILTON BRIDGE RD. MILTON FL 32570-4625

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-6554316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. **Name and Address of Current Registered Agent**

JOHNSON, EDWIN MAC
1207 HAMILTON BRIDGE ROAD
MILTON FL 32570

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARD, ROBERT D		1.2 NAME		
STREET ADDRESS	5536 WALKER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, EDWIN MAC		2.2 NAME		
STREET ADDRESS	1207 HAMILTON BRIDGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAYHEW, RON		3.2 NAME		
STREET ADDRESS	1400 DELMONTE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUNTON, JOHN		4.2 NAME		
STREET ADDRESS	116 HINOTE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, KENNETH M		5.2 NAME	Duane Drew	
STREET ADDRESS	4225 BURBANK RD		5.3 STREET ADDRESS	6508 Skyline Dr.	
CITY-ST-ZIP	MILTON, FL 00000		5.4 CITY-ST-ZIP	Milton, Fl 32570	
TITLE	D	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	STONE, DANA J		6.2 NAME		
STREET ADDRESS	2883 ROBINSON PT RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: E. Mac Johnson E. MAC JOHNSON M. Johnson 04-22-97 (904) 623-8207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074446