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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749551**

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

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

3. Date Incorporated or Qualifed: 10/29/1979

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

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	KELLEY, RANDAL H		1.2 NAME		
STREET ADDRESS	301 CONECUH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000 32570		1.4 CITY-ST-ZIP		
TITLE	~~SD~~ P	☐ DELETE	2.1 TITLE	P	☒ 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	PD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MAYHEW, RON		3.2 NAME	ATABEY, AHMET K.	
STREET ADDRESS	1400 DELMONTE STREET		3.3 STREET ADDRESS	1411 Hickory St.	
CITY-ST-ZIP	MILTON, FL 00000		3.4 CITY-ST-ZIP	Milton, FL 32570	
TITLE	~~PD~~ S	☐ DELETE	4.1 TITLE	S	☒ 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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DREW, DUANE		5.2 NAME		
STREET ADDRESS	6503 SKYLINE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOHANNON, WILLIAM R		6.2 NAME		
STREET ADDRESS	313 INDEPENDENCE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000 32570		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: E. M. JOHNSON — SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. M. JOHNSON 04/26/99 (850) 623-8207

Date Daytime Phone #