

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90074 041 ****61.25

DOCUMENT # N03245

1. Entity Name

COMMUNITY CHRISTIAN SCHOOL, INC.

Principal Place of Business

1616 FERNDALE AVE.
 MELBOURNE FL 32935

Mailing Address

1616 FERNDALE AVE.
 MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2409114

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS S STUDSTILL
681 BANYAN DR
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Thomas S Studstill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-11-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	TURSKY, LILYAN	507 BAY CIRCLE	INDIAN HARBOR BCH FL 32937	<input checked="" type="checkbox"/>
DT	LYONS, JIM	2800 MICHIGAN ST	MELBORNE FL	<input type="checkbox"/>
PD	STUDSTILL THOMAS S	681 BANYAN DR	MELBOURNE FL 32935	<input type="checkbox"/>
D	EARLS, LAUREL	579 CADILLAC CIR W	MELBORNE FL	<input type="checkbox"/>
S	GANGRAW DENISE	3249 BRENTWOOD IN	MELBOURNE FL 32934	<input type="checkbox"/>
D	WILKINSON CLINTON	2550 WILDWOOD DR	MELBOURNE FL 32935	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	LAUDMEIER, DENNIS	234 LESLIE COURT	MELBOURNE BEACH, FL 32951	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	Lyons, Jim	2800 Michigan Street	MELBOURNE, FL 32904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JAGOS, CHRISTINE	2655 Forest Run Drive	MELBOURNE, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/S	EARLS, LAUREL	579 CA DILLAC CIRCLE, W	MELBOURNE, FL 32935	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GANGRAW, DENISE	3249 BRENTWOOD LANE	MELBOURNE, FL 32934	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/T	O'COM, GLENDA	2569 LOCKSLEY ROAD	MELBOURNE, FL 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 title empowered.

SIGNATURE:

Thomas S Studstill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01
 Date

Daytime Phone #

CR2E037 (10/00)