SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # N21330 (8)

1. Corporation Name
FIRESIDE CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
12847 66TH ST N LARGO FL 33773-1806 US	12847 66TH ST N LARGO FL 34643 US

3. Date Incorporated or Qualified: 06/26/1987
4. FEI Number: 59-2887884 ☐ Applied For ☐ Not Applicable

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 33773-1806 Country 30 US

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIND, DAVID P
12847 - 66TH ST., N.
LARGO FL 33773

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	DPC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LIND, PATRICIA S		1.2 NAME	
STREET ADDRESS	12847 66TH ST N		1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIND, PATRICIA S.		2.2 NAME	
STREET ADDRESS	11801-5 28TH ST NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DOROTHE R.		3.2 NAME	
STREET ADDRESS	12847 66TH ST N		3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIND, MARK P		4.2 NAME	
STREET ADDRESS	12847 66TH ST N		4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LIND, DAVID P		5.2 NAME	
STREET ADDRESS	12847 66TH ST N		5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/98)

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.

SIGNATURE: Patricia S Lind 9/3/98 813-539-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #