

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N21330**

1. Corporation Name

FIRESIDE CHRISTIAN ACADEMY, INC.

Principal Place of Business

12847 66TH ST N

LARGO FL 33773-1806

Mailing Address

12847 66TH ST N **LARGO FL 33773**

FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90032 014 ****70.00



	ace of Business	2a. Mailing Address		3. Date Incorporation	ed or Qualifed			i	
21 628		28 6280 - 150	ave tu	9 06/26/1987 4. FEI Number			lAnn	lied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2887884			\rightarrow	Applicable	
22 (100	water it	City & State					8.75 A		
City & State	a	28 Class with	E/L	5. Certifcate of St.	atus Desired	X `	Fee Rec		
23 CLL Zip	Country Country	Zin Zin	Countly	6. Election Campa	aion Financino		\$5.00 h	May Be	
	(4 () [25]	29 3 3 7 6 0 30	¬ •	Trust Fund Cor	-		Added to		
24 2 7 7	9. Name and Address of Current	10. Name and Address of New Registered Agent							
			81 Name						
LIND, DAVID P				et Address (P.O. Box Number is Not Acceptable)					
12847 - 66TH ST., N.				6280 - 150 avc. No.					
		83	<u>,, , , , , , , , , , , , , , , , , , ,</u>						
LARGO FL 33773						16	5 Zip C	ode	
			84 City	earwate	n	FL	Ĭ\ Ž Š	760	
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									
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was autr	nonzea by the corpo	ration's board of directors	. i nereby accept	uie appointm	ភាព ១៩ ខេត្ត	Incoloca	
_	m lamaa wan, and accept the abayance								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re			DATE			
12.	OFFICERS AND		13.	ADDITIONS/CH.	ANGES TO OFF				
TITLE	DPC	DELETE	1.1 TITLE			Ľ	Change	☐ Addition	
NAME	LIND, PATRICIA S		1.2 NAME	100-150	1	1/1			
STREET ADDRESS	12847 66TH ST N		1.3 STREET ADDRESS	6280-150	770	/ # <i>U</i>	` ` `	1	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Clearwater	J, FL	3376	0		
TITLE	S	☐ DELETE	2.1 TITLE			<u>م</u>	Change	☐ Addition	
NAME	SMITH, DOROTHE R.		2.2 NAME					ļ	
STREET ADDRESS	12847 66TH ST N		2.3 STREET ADDRESS	α	11.				
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP				Change	Addition	
TITLE	T	DELETE -	3.1 TITLE	•			Change	Addition	
NAME	LIND, MARK P	•	3.2 NAME	4.				{	
STREET ADDRESS	12847 66TH ST N		3.3 STREET ADDRESS	17	11				
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP			п	Change	Addition	
TITLE	DV	☐ DELETE	4.1 TITLE			Ш	1 Augusta		
NAME	LIND, DAVID P		4. 2 NAME	,					
STREET ADDRESS	12847 66TH ST N		4.3 STREET ADDRESS	1/	61				
CITY-ST-ZIP	LARGO FL	□ DELETE	4.4 CITY-ST-ZIP				Change	Addition	
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NAME			5.3 STREET ADDRESS						
STREET ADDRESS			5.4 C/TY+ST+ZIP						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE] Change	Addition	
TITLE		CI DECESE	6.2 NAME			L			
NAME		•	6.3 STREET ADDRESS						
STREET ADDRESS			1						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

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 copporation 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 an attachment with an address, with all other like empowered.