

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N49767** (9)
1. Corporation Name

CHARITY HAVEN CHRISTIAN ACADEMY, INC.



Principal Place of Business 605 GLOVER LANE MILTON FL 32570-4110		Mailing Address 605 GLOVER LANE MILTON FL 32570-4110		3. Date Incorporated or Qualified 07/08/1992	
		4. FEI Number 59-3157637		Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
Zip 24		Country 25		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
		Zip 29		Country 30	

9. Name and Address of Current Registered Agent WALKDEN, DAVID R. 605 GLOVER LANE MILTON FL 32570-4110		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKDEN, DAVID R	1.2 NAME	
STREET ADDRESS	605 GLOVER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKDEN, NORMA J	2.2 NAME	
STREET ADDRESS	605 GLOVER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, STEVEN H	3.2 NAME	
STREET ADDRESS	4948 W. SPENCER FIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: *David R Walkden* *David R Walkden* 5/1/98 850-621-7334

CR2E037 (10/97)