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25 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N50787** (3)  
1. Corporation Name  
**EAST HILL CHRISTIAN SCHOOL FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**1600 E MORENO ST PENSACOLA FL 32503** **1600 E MORENO ST PENSACOLA FL 32503**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1992** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-3145526** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.000, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**FLEMING, EDWARD P.  
700 S PALAFOX ST  
SUITE 3-C  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name **Randolph Knepper**

82 Street Address (P.O. Box Number is Not Acceptable) **4545 Bohemia Place**

83 **Pensacola, FL 32504**

84 City **Pensacola** FL 85 Zip Code **32504**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Randolph Knepper* **Randolph Knepper** DATE **4/26/95**

Signature, typed, printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>KNEPPER, RANDOLPH L.</b>
STREET ADDRESS	<b>101 W GARDEN ST</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>VD</b>
NAME	<b>POPE, RAY P.</b>
STREET ADDRESS	<b>4400 BAYOU BLVD</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>TD</b>
NAME	<b>SANSOM, RANDALL</b>
STREET ADDRESS	<b>3994 SPANISH MOVE COVE</b>
CITY - ST - ZIP	<b>GULF BREEZE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Knepper, Randolph</b>	
1.3 STREET ADDRESS	<b>4545 Bohemia Place</b>	
1.4 CITY - ST - ZIP	<b>Pensacola, FL 32504</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Speed, Jim</b>	
2.3 STREET ADDRESS	<b>2715 Heyward</b>	
2.4 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Cumberland, Beth</b>	
3.3 STREET ADDRESS	<b>3100 Brittany Trace</b>	
3.4 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Koncar, Jan</b>	
4.3 STREET ADDRESS	<b>2211 Baisden Road</b>	
4.4 CITY - ST - ZIP	<b>Pensacola, FL 32503</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: *Randolph Knepper* **Randolph Knepper** DATE **4/26/95** (204) 474-9047

Signature and typed, printed name of signing officer or director.