


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 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 # N93000004154 (1)
1. Corporation Name
FAITH CHRISTIAN SCHOOL OF SEMINOLE, INC.



Principal Place of Business Mailing Address
3665 ORLANDO DRIVE SUITE 477 SANFORD FL 32773
3665 ORLANDO DRIVE SUITE 477 SANFORD FL 32773

3. Date Incorporated or Qualified
09/09/1993

4. FEI Number
59-3205814

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

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
HOLLEY, ALAN C
127 MAYFAIR CIR
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name Stewart, Dennis L.

82 Street Address (P.O. Box Number is Not Acceptable)
2834 Grove Dr.

83

84 City Sanford FL 85 Zip Code 32773

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 Dennis L. Stewart *Dennis L. Stewart* 4/26/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEY, ALAN C	
STREET ADDRESS	127 MAYFAIR CIR	
CITY-ST-ZIP	SANFORD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DARNELL, TIMOTHY R	
STREET ADDRESS	330 TROTTER CT	
CITY-ST-ZIP	SANFORD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEY, KATHY	
STREET ADDRESS	127 MAYFAIR CIRCLE	
CITY-ST-ZIP	SANFORD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DARNELL, LIZBETH	
STREET ADDRESS	330 TROTTER COURT	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Stewart	
1.3 STREET ADDRESS	2834 Grove Dr.	
1.4 CITY-ST-ZIP	Sanford, FL 32773	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Diane Williamson	
2.3 STREET ADDRESS	1108 Myrtle Ave	
2.4 CITY-ST-ZIP	Sanford, FL 32771	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kathy Coxon	
3.3 STREET ADDRESS	4170 Moores Station Road	
3.4 CITY-ST-ZIP	Sanford, FL 32773	
4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tom Williamson	
4.3 STREET ADDRESS	1108 Myrtle Ave	
4.4 CITY-ST-ZIP	Sanford, FL 32771	
5.1 TITLE	Steve Coxon (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4170 Moores Station Road	
5.4 CITY-ST-ZIP	Sanford, FL 32773	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Norma J. Stewart	
6.3 STREET ADDRESS	2834 Grove Drive	
6.4 CITY-ST-ZIP	Sanford, FL 32773	

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: Dennis L. Stewart *Dennis L. Stewart* 11/21/98 1117-221-591A

CR2E037 (10/97)