

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004154 (1)**  
1. Corporation Name  
**FAITH CHRISTIAN SCHOOL OF SEMINOLE, INC.**



Principal Place of Business <b>3665 ORLANDO DRIVE SUITE 477 SANFORD FL 32773</b>	Mailing Address <b>3665 ORLANDO DRIVE SUITE 477 SANFORD FL 32773</b>
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3. Date Incorporated or Qualified <b>09/09/1993</b>	
4. FEI Number <b>59-3205814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	30 Country

**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 <b>Stewart, Dennis L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2834 Grove Dr.</b>
83
84 City <b>Sanford</b>
85 Zip Code <b>FL 32773</b>

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** *[Signature]* DATE **4/26/98**

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

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLLEY, ALAN C</b>	
STREET ADDRESS	<b>127 MAYFAIR CIR</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<b>DARNELL, TIMOTHY R</b>	
STREET ADDRESS	<b>330 TROTTER CT</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLLEY, KATHY</b>	
STREET ADDRESS	<b>127 MAYFAIR CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>DARNELL, LIZBETH</b>	
STREET ADDRESS	<b>330 TROTTER COURT</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
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	<b>Dennis Stewart</b>	
1.3 STREET ADDRESS	<b>2834 Grove Dr.</b>	
1.4 CITY-ST-ZIP	<b>Sanford, FL 32773</b>	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Diane Williamson</b>	
2.3 STREET ADDRESS	<b>1108 Myrtle Ave</b>	
2.4 CITY-ST-ZIP	<b>Sanford, FL 32771</b>	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kathy Coxon</b>	
3.3 STREET ADDRESS	<b>4170 Moores Station Road</b>	
3.4 CITY-ST-ZIP	<b>Sanford, FL 32773</b>	
4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Tom Williamson</b>	
4.3 STREET ADDRESS	<b>1108 Myrtle Ave</b>	
4.4 CITY-ST-ZIP	<b>Sanford, FL 32771</b>	
5.1 TITLE	<b>Steve Coxon (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>4170 Moores Station Road</b>	
5.3 STREET ADDRESS	<b>Sanford, FL 32773</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Norma J. Stewart</b>	
6.3 STREET ADDRESS	<b>2834 Grove Drive</b>	
6.4 CITY-ST-ZIP	<b>Sanford, FL 32773</b>	

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** *[Signature]* **1161108 1107-221-591A**

CR2E037 (10/97)