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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000004154

1. Corporation Name

FAITH CHRISTIAN SCHOOL OF SEMINOLE, INC.

Principal Place of Business

3665 ORLANDO DRIVE SUITE 477 SANFORD FL 32773

Mailing Address

3665 ORLANDO DRIVE SUITE 477 SANFORD FL 32773



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

09/09/1993

4. FEI Number

59-3205814

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

9. Name and Address of Current Registered Agent

STEWART, DENISE 2834 GROVE DRIVE SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

Dennis Stewart

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

2834 Grove Drive

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
NAME STEWART, DENNIS  
STREET ADDRESS 2834 GROVE DRIVE  
CITY-ST-ZIP SANFORD FL 32773

TITLE VPD  DELETE  
NAME WILLIAMSON, DIANE  
STREET ADDRESS 1108 MYRTLE AVENUE  
CITY-ST-ZIP SANFORD FL 32771

TITLE VPD  DELETE  
NAME COXON, KATHY  
STREET ADDRESS 4170 MOORES STATION ROAD  
CITY-ST-ZIP SANFORD FL 32773

TITLE STD  DELETE  
NAME WILLIAMSON, TOM  
STREET ADDRESS 1108 MYRTLE AVENUE  
CITY-ST-ZIP SANFORD FL 32771

TITLE D  DELETE  
NAME COXON, STEVE  
STREET ADDRESS 4170 MOORES STATION ROAD  
CITY-ST-ZIP SANFORD FL 32773

TITLE D  DELETE  
NAME STEWART, NORMA J  
STREET ADDRESS 2834 GROVE DRIVE  
CITY-ST-ZIP SANFORD FL 32773

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 407 262 766 X1052  
Date Daytime Phone #

CR2E037 (1/198)

5-8-99 (1/98)