

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 036 ****70.00

DOCUMENT # N93000004154

1. Entity 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 32773-5611

2. Principal Place of Business

3. Mailing Address

3665 Orlando Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

446

City & State

City & State

Sanford, FL

4. FEI Number

59-3205814

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, DENNIS
2834 GROVE DRIVE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma J. Stewart* **NORMA J. STEWART** *1/10/00* **407-321-53**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #