

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90136 023 ****61.25

000928



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004154
 1. Entity Name
FAITH CHRISTIAN SCHOOL OF SEMINOLE, INC.

Principal Place of Business Mailing Address
3665 ORLANDO DRIVE **3665 ORLANDO DRIVE**
~~SUITE 477~~ SUITE 446
SANFORD FL 32773 **SANFORD FL 32773**

2. Principal Place of Business 3. Mailing Address
3665 Orlando Drive Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 446

City & State City & State
Sanford, FL
 Zip Country Zip Country
32773 **Seminole**

4. FEI Number Applied For
59-3205814 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, DENNIS	
STREET ADDRESS	2834 GROVE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, DIANE	
STREET ADDRESS	1108 MYRTLE AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COXON, KATHY	
STREET ADDRESS	4170 MOORES STATION ROAD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, TOM	
STREET ADDRESS	1108 MYRTLE AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	COXON, STEVE	
STREET ADDRESS	4170 MOORES STATION ROAD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, NORMA J	
STREET ADDRESS	2834 GROVE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** Date: **1/15/01** Daytime Phone #: **407-321-5560**

CR2E037 (10/00)