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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001974 (3)**

1. Corporation Name
COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
4929 VELDA DAIRY RD. TALLAHASSEE FL 32308	4929 VELDA DAIRY RD. TALLAHASSEE FL 32308-6805

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business
21 4949 Velda Dairy Road
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL
24 Zip: 32308 25 Country:

2a. Mailing Address
26 4949 Velda Dairy Road
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, FL
29 Zip: 32308 30 Country:

4. FEI Number: 59-3312971 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHENDEL, LUANNE G
4929 VELDA DAIRY RD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Thomas K. Argersinger
82 Street Address (P.O. Box Number is Not Acceptable): 4949 Velda Dairy Road
83
84 City: Tallahassee **FL** 85 Zip Code: 32308

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: Thomas K. Argersinger, Principal — 4/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEBOEUF, DEAN R 863 E. PARK AVE. TALLAHASSEE FL 32301	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD Crawford, Gary B. 1317 Winewood Blvd,Bldg.2, Rm.202 Tallahassee, FL 32399-0700	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHINGLER, LARRY M 1317 WINEWOOD BOULEVARD TALLAHASSEE FL 32399-0700	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Gibbons, Karen 2385 Ryan Place Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOLESKI, STEPHEN 1960-A BUFORD BLVD. TALLAHASSEE FL 32308	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Moleski, Stephen 1960-A Buford Blvd Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COX, TERRY 863 EAST PARK AVENUE TALLAHASSEE FL 32301	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Stephen Moleski — 4/29/97 — (904)893-5628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007874