2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90145 039 ****61.25

DOCUMENT # N95000001974

1. Entity Name

COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
4949 VELDA DAIRY RD. TALLAHASSEE FL 32308 US	4949 VELDA DAIRY RD. TALLAHASSEE FL 32308-2273 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4859 Kerry Forest Pkwy. Suite, Apt. #, etc.	4859 Kerry Forest Pkwy. Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country:	Zip: 32308 Country:

4. FEI Number: 59-3312971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARGERSINGER, THOMAS K
4949 VELDA DAIRY RD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name: Argersinger, Thomas K.
Street Address (P.O. Box Number is Not Acceptable): 4859 Kerry Forest Pkwy.
City: Tallahassee, FL Zip Code: 32308

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: Thomas K. Argersinger DATE: 4-25-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TD CURRIEO, STEVEN A 1491 GOVERNOR'S SQUARE BLVD. TALLAHASSEE FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
SD CAMPBELL, MAUREEN S 2117 MILLER LANDING ROAD TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
PD HERING, JEFFREY A 6709 TOMY LEE TRAIL TALLAHASSEE FL 32308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Herig, Jeffery A. 3646 Ocleon Drive Tallahassee, FL 32312 ☒ Change ☐ Addition
VD RUST, BENJAMIN D 359 NORTH MONROE STREET TALLAHASSEE FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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: Jeffery A. Herig ELECTRONICALLY SIGNED Jeffery A. Herig 4/25/00 850-410-7058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #