

FILE NOW: FILING FEES \$61.25

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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005820 (4)
 1. Corporation Name
THE CHRIST SCHOOL, INC.



Principal Place of Business 106 E. CHURCH ST. ORLANDO FL 32801	Mailing Address 106 E. CHURCH ST. ORLANDO FL 32801-3341
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3. Date Incorporated or Qualified 12/11/1995	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 99-3364919 APPLIED FOR	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent J. BENNETT GROCOCK, P.A. 126 E. JEFFERSON ST. ORLANDO FL 32801				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDINGTON, J. HOWARD		1.2 NAME	
STREET ADDRESS 106 E. CHURCH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, JEFFREY M		2.2 NAME	
STREET ADDRESS 34 E. PINE ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		2.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX, W. REID		3.2 NAME	
STREET ADDRESS 11 S. BUMBY AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		3.4 CITY-ST-ZIP	
TITLE DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORTER, TOM		4.2 NAME	
STREET ADDRESS 126 KENNISON DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32808		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIDEA, SUSIE		5.2 NAME	
STREET ADDRESS 2717 ARDSLEY DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLCOMB, SARA		6.2 NAME	
STREET ADDRESS 801 ALBA DR		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		6.4 CITY-ST-ZIP	

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 if changed or on an attachment with an address.

SIGNATURE: W. Reid Cox THE EQUINOX Reid Cox 4/9/97 (407) 896-0550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0016005

CP2E037 (9/96)