

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90024 034 \*\*\*\*61.25

0016470

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005820

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 3. Date Incorporated or Qualified 12/11/1995 4. FEI Number 59-3364919 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

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 \_\_\_\_\_ DATE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETED: DC EDINGTON, J. HOWARD; D FLEMING, JEFFREY M; DS COX, W. REID; D PHALIN, MRS MARIAN; D HOLCOMB, SARA; D PORTER, MR TOM

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DT 1.2 NAME Daniel Needham 1.3 STREET ADDRESS 5343 Jade Circle 1.4 CITY-ST-ZIP Orlando, FL 32812 2.1 TITLE DV 2.2 NAME J. Bennett Grocock 2.3 STREET ADDRESS 126 E. Jefferson St. 2.4 CITY-ST-ZIP Orlando, FL 32801 3.1 TITLE D 3.2 NAME Michael Hammond 3.3 STREET ADDRESS 1911 Lakeside Drive 3.4 CITY-ST-ZIP Orlando, FL 32803 4.1 TITLE D 4.2 NAME Carol Ivey 4.3 STREET ADDRESS 1611 Fulmer Road 4.4 CITY-ST-ZIP Orlando, FL 32809 5.1 TITLE D 5.2 NAME Iris Scott 5.3 STREET ADDRESS 1612 Bimini Drive 5.4 CITY-ST-ZIP Orlando, FL 32806

14. 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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 407-422-0300 Date Daytime Phone #

CR2E037 (11/98)