

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005820

1. Entity Name

THE CHRIST SCHOOL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90032 016 ****61.25

Principal Place of Business

106 E. CHURCH ST.
 ORLANDO FL 32801

Mailing Address

106 E. CHURCH ST.
 ORLANDO FL 32801-3341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3364919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J. BENNETT GROCOCK, P.A.
 126 E. JEFFERSON ST.
 ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC Delete
 NAME EDINGTON, J. HOWARD
 STREET ADDRESS 106 E. CHURCH ST.
 CITY-ST-ZIP ORLANDO FL 32801

TITLE DT Change Addition
 NAME Needham, Dan
 STREET ADDRESS 5343 Jade Circle
 CITY-ST-ZIP Orlando, FL 32812

TITLE D Delete
 NAME FLEMING, JEFFREY M
 STREET ADDRESS 34 E. PINE ST.
 CITY-ST-ZIP ORLANDO FL 32801

TITLE DVC Change Addition
 NAME Grocock, Ben
 STREET ADDRESS 126 E. Jefferson St.
 CITY-ST-ZIP Orlando, FL 32801

TITLE DS Delete
 NAME COX, W. REID
 STREET ADDRESS 11 S. BUMBY AVE.
 CITY-ST-ZIP ORLANDO FL 32803

TITLE D Change Addition
 NAME Hammond, Michael
 STREET ADDRESS 1911 Lakeside Dr
 CITY-ST-ZIP Orlando, FL 32803

TITLE D Delete
 NAME PHALIN, MRS MARIAN
 STREET ADDRESS 615 E CONCORD ST
 CITY-ST-ZIP ORLANDO FL 32803

TITLE D Change Addition
 NAME Ivey, Carol
 STREET ADDRESS 1611 Fulmer Rd
 CITY-ST-ZIP Orlando, FL 32809

TITLE D Delete
 NAME HOLCOMB, SARA
 STREET ADDRESS 801 ALBA DR
 CITY-ST-ZIP ORLANDO FL 32804

TITLE D Change Addition
 NAME Scott, Iris
 STREET ADDRESS 1612 Bimini Dr.
 CITY-ST-ZIP Orlando, FL 32806

TITLE D Delete
 NAME PORTER, MR TOM
 STREET ADDRESS 126 KENNISON DRIVE
 CITY-ST-ZIP ORLANDO FL 32801

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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Porter 4-12-00
 Date

Date

Daytime Phone #

CR2E037 (9/99)

407-849-1665