

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90470 022 ****61.25

DOCUMENT # N95000005820

Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3364919

Applied For

Not Applicable

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: **DT** Delete
 NAME: **NEEDHAM, DAN**
 STREET ADDRESS: **5343 JADE CIRCLE**
 CITY-ST-ZIP: **ORLANDO FL 32812**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DVC** Delete
 NAME: **GROCOCK, BEN**
 STREET ADDRESS: **126 E. JEFFERSON ST.**
 CITY-ST-ZIP: **ORLANDO FL 32801**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **HOMMOND, MICHAEL**
 STREET ADDRESS: **1911 LAKESIDE DR**
 CITY-ST-ZIP: **ORLANDO FL 32803**

TITLE: **DC** Change Addition
 NAME: **Edington, J. Howard**
 STREET ADDRESS: **106 E. Church St.**
 CITY-ST-ZIP: **Orlando 32801**

TITLE: **D** Delete
 NAME: **IVEY, CAROL**
 STREET ADDRESS: **1611 FUHMER RD**
 CITY-ST-ZIP: **ORLANDO FL 32809**

TITLE: **DS** Change Addition
 NAME: **Cox, Reid**
 STREET ADDRESS: **2340 Forest Club Dr.**
 CITY-ST-ZIP: **Orlando 32804**

TITLE: **D** Delete
 NAME: **SCOTT, IRIS**
 STREET ADDRESS: **1612 BIMINI DR**
 CITY-ST-ZIP: **ORLANDO FL 32806**

TITLE: **D** Change Addition
 NAME: **Ivey, Carol**
 STREET ADDRESS: **1611 Fuimer Rd.**
 CITY-ST-ZIP: **Orlando, FL 32809**

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Porter 1-12-01

Date

Daytime Phone #

407-849
 1665

CR2E037 (10/00)