

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90135 046 \*\*\*\*61.25

**DOCUMENT # N95000005820**

1. 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

Zip

Country

Zip

Country

4. FEI Number **59-3364919**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**J. BENNETT GROCOCK, P.A.  
455 S ORANGE AVE  
STE 500  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**SAME**  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC NEEDHAM, DAN 2340 FOREST CLUB DR ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GROCOCK, BEN 455 S ORANGE AVE STE 500 ORLANDO FL 32801</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC EDINGTON, J HOWARD 106 E CHURCH ST ORLANDO FL 32801</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS REID, COX 2340 FOREST CLUB DR ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IVEY, CAROL 1811 FULMER RD ORLANDO FL 32809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PORTER, MR TOM 126 KENNISON DRIVE ORLANDO FL 32801</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT NEEDHAM, DAN 5343 Jade Circle Orlando, FL 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Phalin, Marian 615 E Concord St. Orlando, FL 32803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Fleming, Jeff 425 North Orange Avenue Orlando, FL 32801</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC REID, COX 2340 Forest Club Dr Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Scott, Iris 1612 Bimini Street Orlando, FL 32806</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sigmon, Pat 401 East Robinson St. #306 Orlando, FL 32801-1972</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 PHALIN MARIAN R. PHALIN 2/14/03 407-648-0448**

CR2E037 (10/02)

Attachment #

70021355

195000005820

Please add the following:

TITLE: D  
NAME: Hammond, Michael  
STREET ADDRESS: 1911 Lakeside Drive  
CITY-ST-ZIP: Orlando, FL 32803

TITLE: D  
NAME: Sefcik, Joe  
STREET ADDRESS: 2420 Norfolk Road  
CITY-ST-ZIP: Orlando, FL 32803