## **FILE NOW: FILING FEE IS \$61.25** NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mexham 🔎

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

N96000003248 (9)

EL SHADDAI CHRISTIAN SCHOOL, INC.

Principal Place of Business Mailing Address 1541 AMHERST LANE 1541 AMHERST LANE KISSIMMEE FL 34744-4053 KISSIMMEE FL 34744 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 RIVERA-PEREZ, NANCY 82 Street Address (P.O. Box Number is Not Acceptable) 1541 AMHERST LANE 83 KISSIMMEE FL 34744 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE DELETE 1.1 TITLE Change Addition Director NAME Nancy Kivera-Perez 1.2 NAME STREET ADDRESS 1541 Amherithane 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Kissimmer FL 34744 TITLE Secretary DELETE 2.1 TITLE Change Addition NAME 2.2 NAME Teltschik Betty Jane STREET ADDRESS 542 Floral Drive 2.3 STREET ADDRESS CITY - \$1 - ZIP 2.4 CITY-ST-ZIP Kissimmer, FL ☐ DELETE Change Addition Director TITLE 3.1 TITLE Bonnie Altamirano NAME 3.2 NAME STREET ADDRESS 2845 Woodruff Price 32837 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE Director NAME 4.2 NAME Carmen M. Alicen STREET ADDRESS 4.3 STREET ADDRESS 200 La Paz Dove 4.4 CITY-ST-7IP CHTY-ST-ZIP Kissimmee. DELETE Addition THILE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change \_\_\_ Addition NAME 62 NAME

**6.3 STREET ADDRESS** 

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 rug, or 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

STREET ADDRESS

City-St-76

appears in Block 12 or Block 13 if changed, or on an attachment with an address

FILED

May 16 1997 8:00am

Secretary of State