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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003248 (9)

1. Corporation Name
EL SHADDAI CHRISTIAN SCHOOL, INC.

Principal Place of Business	Mailing Address
1541 AMHERST LANE KISSIMMEE FL 34744	1541 AMHERST LANE KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 07/01/1996

4. FEI Number: 59-3413622 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RIVERA-PEREZ, NANCY
1541 AMHERST LANE
KISSIMMEE FL 34744

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	RIVERA-PEREZ, NANCY		1.2 NAME	Jose A. Perez	
STREET ADDRESS	1541 AMHERST LANE		1.3 STREET ADDRESS	1541 Amherst Lane	
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TELTSCHIK, BETTY J		2.2 NAME		
STREET ADDRESS	542 FLORAL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Board Member	☑ Change ☐ Addition
NAME	ALTAMIRANO, BONNIE		3.2 NAME	Altamirano, Bonnie	
STREET ADDRESS	2845 WOODRUFF DR		3.3 STREET ADDRESS	2845 Woodruff Drive	
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALICEA, CARMEN M		4.2 NAME		
STREET ADDRESS	280 LA PAZ DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 on an attachment with an address.

SIGNATURE: Nancy Rivera-Perez (CORRECTED) (407) 870-1870
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #