2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State
05-21-2000 90003 046 ****61.25

DOCUMENT # N99000005235

1. Entity Name

SOUTHERN ASSOCIATION OF PRIVATE CHRISTIAN SCHOOL

Principal Place of Business	Mailing Address
5881 BUSH ROAD BAKER FL 32531	5881 BUSH ROAD BAKER FL 32531-8715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
417 Brown Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, FL	City & State
Zip: 32539 Country: USA	Zip Country

4. FEI Number ☒ 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
CHATRERTON, ALLEN 5881 BUSH ROAD BAKER FL 32531	Name Street Address (P.O. Box Number is Not Acceptable): 417 Brown Place City: Crestview **FL** Zip Code: 32539

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, ALLEN 5881 BUSH ROAD BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 417 Brown Place Crestview, FL 32539	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, DOROTHY 5881 BUSH ROAD BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 417 Brown Place Crestview, FL 32539	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LAURA 1601 ROCHELLE STREET MOBILE AL 36663	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E037 (9/99)

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 REQUIRED 4/18/00 850-423-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #