2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005235

1. Entity Name
Southern Association of Private Christian Schools, Inc.

FILED
01 MAY -3 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
417 Brown Place Crestview, FL 32539	5881 Bush Road Baker, FL 32531

DO NOT WRITE IN THIS SPACE

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

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
Allen Chatterton 417 Brown Place Crestview, FL 32539	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 re-instating) 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 Allen Chatterton 417 Brown Place Crestview, FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004275742--5 -05/22/01--01031--012 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laura Williams 1601 Rochelle St. Mobile, AL 366663	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laura Williams 3216 Autumn Ridge Dr. Mobile, AL. 36695 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dorothy Chatterton 417 Brown Place Crestview, FL 32539	☐ 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	☐ SP ☐ Addition

CR2E037 (11/00)

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: Dorothy J. Chatterton 4/26/01 850 423 1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Southern Association of Private Christian Schools, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
417 Brown Place

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Crestview, FL 32539

5b City, state, and ZIP code

6 County and state where principal business is located
Okaloosa, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 264 59 2056
Dorothy J Chatterton

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ Educational Support (enter GEN if applicable) ___
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Other corporation (specify) ▶ ___
- ☐ Trust
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)

- ☑ Started new business (specify type) ▶ educational support; Accreditation
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
08/27/99

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ Provide educational, religious support and accountability

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☑ Other (specify) ▶ Schools ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(850) 423 1291 voice/fa

Fax telephone number (include area code)
(850) 423-1291

Name and title (Please type or print clearly.) ▶ Dorothy J Chatterton

Signature ▶ Dorothy J Chatterton Date ▶ 04/26/01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Southern Association of Private Christian Schools, Inc.

April 26, 2001

Greetings –

Thank you for taking the time to read this letter which was attached to the Southern Association of Private Christian Schools, Inc.'s Uniform Business Report for 2001 (N99000005235). Over this past week, I have spoke with several people in your office for advice. And they advised me to send my UBR along with this letter and a copy of my SS-4.

In preparing the UBR, I realized that I never received a letter from the IRS informing me of our Federal Employer Identification Number. As soon as I realized this, I called the IRS. They requested that I complete another SS-4 and phone in the information. I did as requested; however, after attempting to reach a representative at the IRS continuously for more than twelve hours over the course of two days, I was not able to speak with a person. The message on the phone line simply said to call back later and gave the fax number for those desiring to fax. It also stated that faxes would receive a response within eight days. Eight days would cause me to be delinquent with my UBR.

On Thursday, April 26, 2001, I faxed a completed SS-4 to the IRS. I've enclosed a copy of the completed SS-4 along with a completed UBR. Since the UBR does not indicate the new Federal Employer Identification Number, I am prepared for it to be rejected. If rejected, I will submit the Federal Employer Identification Number, which will arrive as a response to my fax.

If there is a method in which I may simply submit the Federal Employer Identification Number once it arrives without having to re-submit my UBR, please inform me of that option. I will be happy to send you the number as soon as it comes in from the IRS.

Thank you again for your time and effort in this matter. It is greatly appreciated.

Respectfully,

Dorothy Chatterton, Director

Recognizing Excellence in Private Education
417 Brown Place / Crestview, Florida 32539
(850) 423-1291 / ccministries@home.com