2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90042 013 ****61.25

DOCUMENT # N99000005235

1. Entity Name
SOUTHERN ASSOCIATION OF PRIVATE CHRISTIAN SCHOOLS, INC.

Principal Place of Business	Mailing Address
417 BROWN PLACE CRESTVIEW, FL 32539	471 BROWN PLACE CRESTVIEW, FL 32539

03172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
PO BOX 9324	PO BOX 9324
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BCH, FL	City & State: PANAMA CITY BCH, FL
Zip: 32417 Country: US	Zip: 32417 Country: US

4. FEI Number 59-3714620 ☐ 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 417 BROWN PLACE CRESTVIEW, FL 32539	Name: CHATTERTON, DOROTHY Street Address (P.O. Box Number is Not Acceptable): 5836 CALUMET CT City: CRESTVIEW FL Zip Code: 32536

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] DOROTHY CHATTERTON 03/10/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	D CHATTERTON, ALLEN 417 BROWN PLACE CRESTVIEW, FL 32539	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, DOROTHY 417 BROWN PLACE CRESTVIEW, FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, DOROTHY 5836 CALUMET CT CRESTVIEW, FL 32536	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LAURA 3216 AUTUMN RIDGE DR MOBILE, AL 36695	☑ 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	D WATKINS, JUSTIN PO BOX 9324 PANAMA CITY BEACH, FL 32417	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAELS, BETH 3443 ICE TEA RD B VERNON, FL 32462	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] DOROTHY CHATTERTON 03/10/04 8504231291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #