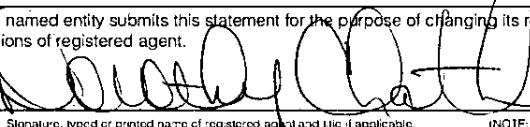
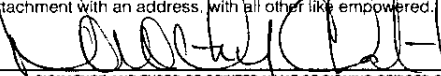


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 417 BROWN PLACE CRESTVIEW, FL 32539			Mailing Address 471 BROWN PLACE CRESTVIEW, FL 32539		
2. Principal Place of Business PO Box 9324		3. Mailing Address PO Box 9324			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY Bch, FL		City & State PANAMA CITY Bch, FL		4. FEI Number 59-3714620	
Zip 32417		Country US		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHATRERTON, ALLEN 417 BROWN PLACE CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent 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  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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATRERTON, ALLEN ☒ Delete 417 BROWN PLACE CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATTERTON, DOROTHY ☐ Delete 417 BROWN PLACE CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LAURA ☒ Delete 3216 AUTUMN RIDGE DR MOBILE, AL 36695				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATTERTON, DOROTHY ☒ Change ☐ Addition 5836 CALUMET CT CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, JUSTIN ☐ Change ☒ Addition PO Box 9324 PANAMA CITY BEACH, FL 32417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, BETH ☐ Change ☒ Addition 3443 ICE TEA RD B VERNON, FL 32462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ 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:  DOROTHY CHATTERTON 03/10/04 8504231291 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					