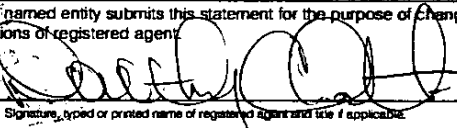
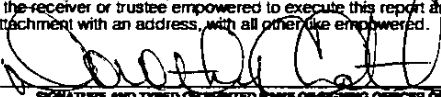


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90071 022 ****61.25

DOCUMENT # N99000005235 1. Entity Name SOUTHERN ASSOCIATION OF PRIVATE CHRISTIAN SCHOOLS, INC.					
Principal Place of Business PO BOX 9324 PANAMA CITY, FL 32417			Mailing Address PO BOX 9324 PANAMA CITY, FL 32417		
2. Principal Place of Business PO BOX 672 Suite, Apt. #, etc.		3. Mailing Address PO BOX 672 Suite, Apt. #, etc.			
City & State NICEVILLE, FL Zip 32588		City & State NICEVILLE, FL Zip 32588		4. FEI Number 59-3714620	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHATTERTON, DOROTHY 5836 CALUMET CT CRESTVIEW, FL 32536				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DOROTHY CHATTERTON 04/28/2005 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing.) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 CHATTERTON, DOROTHY ☐ Delete 5836 CALUMET CT CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, JUSTIN ☒ Delete PO BOX 9324 PANAMA CITY BEACH, FL 32417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, BETH ☐ Delete 3443 ICE TEA RD B VERNON, FL 32462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEIDRE RAMSEY ☐ Change ☒ Addition 408 WOODHAWN CIR LUFKIN, TX 75904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  DOROTHY CHATTERTON 04/28/2005 850-423-1291 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					