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	Mailing Address
PO BOX 9324 PANAMA CITY, FL 32417	PO BOX 9324 PANAMA CITY, FL 32417

2. Principal Place of Business	3. Mailing Address
PO Box 1672	PO Box 1672
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NICEVILLE, FL	City & State: NICEVILLE, FL
Zip: 32588 Country: USA	Zip: 32588 Country: USA

04282005 Chg-NP CR2E037 (10/03)

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
CHATTERTON, DOROTHY 5836 CALUMET CT CRESTVIEW, FL 32536	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: [signature] DOROTHY CHATTERTON 04/28/2005
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, DOROTHY 5836 CALUMET CT CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, JUSTIN PO BOX 9324 PANAMA CITY BEACH, FL 32417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEIDRE RAMSEY 408 WOODSHAWN CIR LUFKIN, TX 75904	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAELS, BETH 3443 ICE TEA RD B VERNON, FL 32462	☐ 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

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] 04/28/2005 850-423-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOROTHY CHATTERTON