FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000081916

1. Corporation Name

CHRISTIAN HOMESCHOOL ATHLETIC ASSOCIATION OF FLO RIDA, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90116 019 ***150.00



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Principal Place of Business Mailing Address										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
103 ROYAL PARK DR., # 4-E . 103 ROYAL PARK DR., # 4-E					4-E					
FT LAUDERDALE FL 33309			FT	FT LAUDERDALE FL 33309				DO NOT WRITE IN	THIS SPACE	
								3. Date Incorporated or Qualifed		
								09/19/1997		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		pplied For
21				26				65-0783430	N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22				<u></u>				5. Certificate of Status Desired	Fee R	Required
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23				28				Trust Fund Contribution	Added	to Fees
Zip Country				Zip Country				8. This corporation owes the current year Intangible		
24				30				Personal Property Tax.	Yes	X No
	9. Name	and Address of Curre	nt Regis	tered Agent		-		10. Name and Address of New Regist	ered Agent	
AMD	DEACCEN	DICK				81	Name		•	
ANDREASSEN, RICK				l			Street Add	dress (P.O. Box Number is Not Acceptable)		
103 ROYAL PARK DR., # 4-E Ft Lauderdale Fl 33309										
FIL	AUDERDA	LE FL 33309				83				.[
						84	City		FL 85 Zip	Code
44 Burguent	to the provi	ione of Sections 607 05	O2 and 6	07 1508 Florida Statu	tes the a	hove	e-named cor	rporation submits this statement for the purpo	se of changing it	s registered
office or n	enistered ar	ient or both in the Stati	e of Floric	ia. Such change was a	autnorized	DV	tne corpora	ation's board of directors. I hereby accept the	appointment as r	egistered
agent. I a	m familiar w	ith, and accept the oblig	ations of	, Section 607.0505, Fit	orida Stati	ıtes	•			
SIGNATURE	Classics binn	d or printed name of registered ag	ant and title	if applicable (NOT)	F: Registered	Anen	nt signature regui	ired when reinstating) DA	TE -	\
12.	Signature, type	OFFICERS A			13.	7 ng-011	K arginatar a raqui	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adachment with an address, with all other like empowered.