

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736205

(6)

1. Corporation Name

WESTWOOD CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

920 11TH ST. S.W.
LIVE OAK FL 32060-3604

920 11TH ST. S.W.
LIVE OAK FL 32060-3604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1976

3a. Date of Last Report

02/02/1994

4. FEI Number

59-1698760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAND, GERTRUDE
RT. 5 BOX 258, N/A
LIVE OAK FL 32060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DEAS, JAMES
STREET ADDRESS	920 SW 11TH STREET
CITY- ST- ZIP	LIVE OAK FL
TITLE	CD
NAME	LAND, GERTRUDE
STREET ADDRESS	RT. 5 BOX 258
CITY- ST- ZIP	LIVE OAK FL
TITLE	D
NAME	HOWLAND, BILLY
STREET ADDRESS	920 SW 11TH ST.
CITY- ST- ZIP	LIVE OAK FL
TITLE	D
NAME	HORRATH, GLEN
STREET ADDRESS	RT 6 BOX 678B NA
CITY- ST- ZIP	LIVE OAK FL
TITLE	TD
NAME	FRIER, WANDA
STREET ADDRESS	RT. 8 BOX 89
CITY- ST- ZIP	LIVE OAK FL
TITLE	AD
NAME	PEACE, PAM
STREET ADDRESS	RT. 13 BOX 933
CITY- ST- ZIP	LAKE CITY FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D Horvath, Glen
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Hill, Vernon
6.3 STREET ADDRESS	RT 6 Box 634
6.4 CITY- ST- ZIP	LIVE OAK FL. 32060

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wanda S Frier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95

904-360-3735

(Name)

(Telephone Number)