FILE NOW: FILING FEE IS $61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 06/24/1976
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DEAS, JAMES		1.2 NAME	Vernon Hitt	
STREET ADDRESS	920 SW 11TH STREET		1.3 STREET ADDRESS	Route 6 Box 634	
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAND, GERTRUDE		2.2 NAME		
STREET ADDRESS	RT. 5 BOX 258		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWLAND, BILLY		3.2 NAME		
STREET ADDRESS	920 SW 11TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HORVATH, GLEN		4.2 NAME		
STREET ADDRESS	RT 6 BOX 676B NA		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIER, WANDA		5.2 NAME		
STREET ADDRESS	RT. 8 BOX 89		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		5.4 CITY-ST-ZIP		
TITLE	AD	☐ DELETE	6.1 TITLE	AD	☒ Change ☐ Addition
NAME	PEACE, PAM		6.2 NAME	Peace, Pam	
STREET ADDRESS	RT. 13 BOX 933		6.3 STREET ADDRESS	900 Pearl Avenue	
CITY-ST-ZIP	LAKE CITY FL		6.4 CITY-ST-ZIP	Live Oak, FL.	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 1/23/97 904-362-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000776