FILE NOW: FILING FEE IS $61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-1698760 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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) 12665 161st Road

83

84 City Live Oak, FL 85 Zip Code 32060

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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HILL, VERNON		1.2 NAME		
STREET ADDRESS	RT 6 BOX 634		1.3 STREET ADDRESS	9020 145th Drive	
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	12665 161st Road	
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP	Live Oak, FL 32060	
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	D	☒ Change ☒ Addition
NAME	HORVATH, GLEN		4.2 NAME	Cook, MarieAnne	
STREET ADDRESS	RT 6 BOX 676B NA		4.3 STREET ADDRESS	5414 191st Rd.	
CITY-ST-ZIP	LIVE OAK FL		4.4 CITY-ST-ZIP	Live Oak, FL.	
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	FRIER, WANDA		5.2 NAME		
STREET ADDRESS	RT. 8 BOX 89		5.3 STREET ADDRESS	12910 US Hwy 90 #152	
CITY-ST-ZIP	LIVE OAK FL		5.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	AD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEACE, PAM		6.2 NAME		
STREET ADDRESS	900 PEARL AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 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 TI Wanda S. Frier 1/29/98 (904)362-3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 00008.14