SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51079

(4)

R.J. HENDLEY CHRISTIAN EDUCATION CENTER, A PRIVA TE SHCOOL, INC.

Principal Place of Business Mailing Address									i issiidi oni siidi iisi dhili ohdib ibii sibii dibii dib	li diğili di	101  610   100	
2760 AVENUE "R" 2800 AVE. "R"									2. Data Incomprehed or Qualified			
RIVIERA BEACH FL 33404				RIVIERA BCH. FL 33404					<ol><li>Date Incorporated or Qualified 09/30/1992</li></ol>			
							4. FEI Number	An	piled For			
									55-0326220		t Applicable	
2. Principal Place of Business				2a. Mailing Address						8.75	Additional	
21				26					5. Certificate of Status Desired	Fee Re		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5.00 N	•	
22				27					Trust Fund Contribution Added to Fees			
City & State				City & State				i	7. Is this nonprofit corporation a homeowners association?			
Zip	p Country			Zip Country					8. This corporation owes or has paid the current year Intangible			
24	25			29 30			o. mis corporate		Personal Property Tax due June 30.		No	
	9. Name and Address of Curren							10. Name and Address of New Registered Agent				
						81	Name	ne .				
LAWRENCE, <b>\$</b> HAWNEE \$							Stree	t Address	ddress (P.O. Box Number is Not Acceptable)			
1010 W 4TH STREET												
STE B						83						
RIVIERA BEACH FL 33404						84	City		85	Zip (	Code	
							L		FL   °	<u></u>		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DAYE												
							13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12	
TITLE	D			DELETE 1.1		.1 TITLE				hange	Addition	
NAME	HENDLEY	, CASSANDRA A.		1,2 N/		2 NAME		1	· · · · · · · · · · · · · · · · · · ·		_	
STREET ADORESS	426 9TH	AVENUE		1.3 ST			.3 STREET ADDRESS					
CITY-ST-ZIP	VERO BE	ACH FL			1.4 CI	TY-ST	T-ZIP					
TITLE	D			DELETE	2.1 Tf	TLE				hange	Addition	
NAME		e, shawnee		2.21			2.2 NAME					
STREET ADDRESS	1010 W 4TH STREET			2.3 8		2.3 STREET ADDRESS		s				
CITY-ST-ZIP	RIVIERA B	EACH FL					2.4 CITY-ST-ZIP					
TITLE	TD			DELETE	3.1 TI			1		hange	Addition	
NAME	JACKSON	•			3.2 N/							
STREET ADDRESS		PINES LANE					ADDRESS	s			1	
CITY-ST-ZIP	LANTANA	<u>ri                                    </u>			3.4 CI		I-ZIP				<del></del>	
TITLE	D			DELETE	4.1 TI				LJ¢	hange	Addition	
NAME	STUBBS,				4.2 N/							
STREET ADDRESS	BOYNTON BEACH FL			1 .			1.3 STREET ADDRESS					
CITY-ST-ZIP		DEAGN PL			4.4 CI 5.1 TI		I-ZIP	<del></del>	<u> </u>			
NAME	D Deltaco	CLINTON		DELETE	5.1 N				البا	hange	Addition	
STREET ADDRESS	BUTLER, (	4TH COURT					ADDRESS					
	RIVIERA B							"				
CITY-ST-ZIP TITLE		ENOR FL		[]	6.4 CI		1-41	+	<u> </u>			
NAME	D D	DEV DODEOT I		DELETE	6.2 NA				LJ	hange	Addition	
1		, REV. ROBERT J.					. 4 0000000	.				
STREET ADDRESS 1380 W. 30TH STREET CITY-ST-ZIP RIVIERA BEACH FL							TREET ADDRESS					
CITY-ST-ZIP	TO VICTOR D	KERUT FL			■ B.4 CF	ı Y-ŞT	1-ZIP	1				

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

INGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 197

Deytime Phone #

**FILED** 

Jul 30 1998 8:00am

Secretary of State