FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90013 016 *****61.25

DOCUMENT # 716937

1. Corporation Name

ATLANTIC CHRISTIAN SCHOOLS, INC.

Principal Place of Business	Mailing Address
C/O MORGAN RAMSEY 21800 SW 152ND AVE MIAMI FL 33170	C/O MORGAN RAMSEY 21800 SW 152ND AVE MIAMI FL 33170

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed 07/30/1969
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number 59-1270486 — Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip [24] Country [25]	Zip [29] Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PEEPLES, WILLIAM H
765 W 76 ST
HIALEAH 33014

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

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

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	RAMSEY, MARGARET		1.2 NAME			
STREET ADDRESS	21800 SW 152 AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	RAMSEY, MORGAN		2.2 NAME			
STREET ADDRESS	21800 SW 152 AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	SDT	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	RAMSEY, DAVID M.		3.2 NAME			
STREET ADDRESS	1597 SW 75TH ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: _____   1/14/99   (305) 248-5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #