

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 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90092 033 \*\*\*\*61.25

0014846

DOCUMENT # **N93000004154**

1. Corporation Name

**FAITH CHRISTIAN SCHOOL OF SEMINOLE, INC.**

Principal Place of Business

**3665 ORLANDO DRIVE  
SUITE 477  
SANFORD FL 32773**

Mailing Address

**3665 ORLANDO DRIVE  
SUITE 477  
SANFORD FL 32773**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**09/09/1993**

4. FEI Number

**59-3205814**

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

9. Name and Address of Current Registered Agent

**STEWART, DENISE  
2834 GROVE DRIVE  
SANFORD FL 32773**

10. Name and Address of New Registered Agent

81 Name **Dennis Stewart**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2834 Grove Drive**

83

84 City **Sanford**

**FL**

85 Zip Code  
**32773**

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

(NOTE: Registered Agent signature required when reinstating)

**1/11/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **STEWART, DENNIS**  
STREET ADDRESS **2834 GROVE DRIVE**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **VPD** ☐ DELETE  
NAME **WILLIAMSON, DIANE**  
STREET ADDRESS **1108 MYRTLE AVENUE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VPD** ☐ DELETE  
NAME **COXON, KATHY**  
STREET ADDRESS **4170 MOORES STATION ROAD**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **STD** ☐ DELETE  
NAME **WILLIAMSON, TOM**  
STREET ADDRESS **1108 MYRTLE AVENUE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE  
NAME **COXON, STEVE**  
STREET ADDRESS **4170 MOORES STATION ROAD**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ DELETE  
NAME **STEWART, NORMA J**  
STREET ADDRESS **2834 GROVE DRIVE**  
CITY-ST-ZIP **SANFORD FL 32773**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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  
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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/11/99 407 262 766 X1052**

CR2E037 (1/98)