

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90003 036 ****61.25

| | | | | | |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # 714963 1. Entity Name THE FLORIDA CHRISTIAN SCHOOL OF DADE COUNTY, INC. | | | | | |
| Principal Place of Business 4200 S.W. 89TH AVE. MIAMI, FL 33165 | | | Mailing Address 4200 S.W. 89TH AVE. MIAMI, FL 33165 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 59-1221039 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALTERS, REGINALD 7300 SW 61ST STREET MIAMI, FL 33143 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALTERS, REG | | NAME | William R. Wicks | |
| STREET ADDRESS | 7300 SW 61 STREET | | STREET ADDRESS | 7540 SW 124 Street, Miami | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | 33156 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | Ramon Fernandez-Andes | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, LUIS | | NAME | 2645 SW 28 Court | |
| STREET ADDRESS | 15241 SW 55TH TERRACE | | STREET ADDRESS | Miami, FL 33133 | |
| CITY-ST-ZIP | MIAMI, FL 33185 | | CITY-ST-ZIP | Vice-Pres. | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VANN, FRANK B | | NAME | Herbert Evelyn | |
| STREET ADDRESS | 13360 D SW 89TH TERRACE | | STREET ADDRESS | 4850 SW 92 Avenue, Miami | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | 33165 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIEGUEZ, ED | | NAME | Ed Dieguez | |
| STREET ADDRESS | 13921 SW 39TH TERRACE | | STREET ADDRESS | 3978 SW 143 Place | |
| CITY-ST-ZIP | MIAMI, FL 33175 | | CITY-ST-ZIP | Miami 33175 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MATTERN, ALFRED | | NAME | | |
| STREET ADDRESS | 6464 SW 104 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | | William Wicks | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |