#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004154

Entity Name: FAITH CHRISTIAN SCHOOL OF SEMINOLE, INC.

**FILED** May 07, 2014 **Secretary of State** CC6807871003

## **Current Principal Place of Business:**

2200 PEMBROOK DRIVE ORLANDO, FL 32810

# **Current Mailing Address:**

2200 PEMBROOK DRIVE ORLANDO, FL 32810

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

GRIFFITH, PHYLLIS A 8085 GILLIAM RD. APOPKA, FL 32703 US

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.

T:41 -

 $\mathsf{D}\mathsf{D}$ 

SIGNATURE: PHYLLIS A. GRIFFITH

Electronic Signature of Registered Agent

05/07/2014 Date

#### Officer/Director Detail :

Title

Title	U	Tille	PD
Name	GABLE, GORDON	Name	GRIFFITH, GEORGE

E H JR. Address 2075 HUNTERFIELD RD. Address 8085 GILLIAM ROAD City-State-Zip: APOPKA FL 32703 MAITLAND FL 32751 City-State-Zip:

Title D Title D

Name GRIFFITH, PHYLLIS A GABLE, LINDA Name Address 8085 GILLIAM ROAD Address 2075 HUNTERFIELD RD. APOPKA FL 32703 City-State-Zip: City-State-Zip: ORLANDO FL 32751

Title Title VPD

Name DANIELS, KIMBERLY DANIELS, ANDREW J Name Address 1000 EAST 1ST STREET 1000 EAST 1ST STREET Address City-State-Zip: SANFORD FL 32771 City-State-Zip: SANFORD FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHYLLIS A. GRIFFITH

05/07/2014

D