

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005235

**Entity Name:** SOUTHERN ASSOCIATION OF PRIVATE CHRISTIAN SCHOOLS, INC.

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC5483945052**

**Current Principal Place of Business:**

209 WALKER CIRCLE W  
CRESTVIEW, FL 32539

**Current Mailing Address:**

P.O. BOX 295  
CRESTVIEW, FL 32536 US

**FEI Number: 59-3714620**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GUILLORY, KRISTI R  
209 WALKER CIRCLE W  
CRESTVIEW, FL 32539 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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                               |
|-----------------|---------------------|-----------------|-------------------------------|
| Title           | D                   | Title           | D                             |
| Name            | GUILLORY, KRISTI R  | Name            | MCCANN, DOROTHY               |
| Address         | 209 WALKER CIRCLE W | Address         | 15 CIRCLE X TRAILER PARK ROAD |
| City-State-Zip: | CRESTVIEW FL 32539  | City-State-Zip: | NICEVILLE FL 32578            |
|                 |                     |                 |                               |
| Title           | D                   |                 |                               |
| Name            | GUILLORY, DEAN      |                 |                               |
| Address         | 209 WALKER CIRCLE   |                 |                               |
| City-State-Zip: | CRESTVIEW FL 32539  |                 |                               |

*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: KRISTI GUILLORY**

**DIRECTOR**

**02/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date