

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703735** (1)  
1. Corporation Name  
**INTERCESSION CHRISTIAN SCHOOLS, INC.**



Principal Place of Business <b>22-S JOHN STREET ORLANDO-FL-32805 US</b>	Mailing Address <b>22-S JOHN STREET ORLANDO-FL-32805 US</b>
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2. Principal Place of Business 21 <b>5815 S. Orange Blossom Trail</b> Suite, Apt. #, etc. 22 City & State 23 <b>Intercession City, FL</b> Zip 24 <b>33848</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>5815 S. Orange Blossom Trail</b> Suite, Apt. #, etc. 27 <b>P.O. Box 1</b> City & State 28 <b>Intercession City, FL</b> Zip 29 <b>33848</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>03/16/1962</b>	4. FEI Number <b>59-1022051</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>HAYS, RONALD REV- 22-S JOHN STREET ORLANDO-FL-32805</b>	
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10. Name and Address of New Registered Agent 81 Name <b>George Fink</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5815 S. Orange Blossom Trail</b> 83 84 City <b>Intercession City</b> FL 85 Zip Code <b>33848</b>	
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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 *George W. Fink Treasurer* *George W. Fink Treasurer* *4/29/98*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PM	<input type="checkbox"/> DELETE
NAME	HAYS, RONALD REV	
STREET ADDRESS	22-S JOHN STREET 3114 Southwood Hills Rd.	
CITY-ST-ZIP	ORLANDO-FL-32805 Jefferson City, MO 65101	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, JAMES REV	
STREET ADDRESS	161 S. ORANGE AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GAGNON, PAUL R	
STREET ADDRESS	11455 ELIM LANE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SMALLEY, MICHAEL REV	
STREET ADDRESS	213 N. PARSONS AVE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, ROBERT R	
STREET ADDRESS	3985 DR. M.L. KING BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	LEDGER, PHILIP REV.	
STREET ADDRESS	3985 DR M.L. KING BLVD	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fink, George	
2.3 STREET ADDRESS	5815 S. Orange Blossom Trail, P.O Box 1	
2.4 CITY-ST-ZIP	Intercession City, FL 33848	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James P. Smith	
3.3 STREET ADDRESS	2469 Arcadia Avenue Void	
3.4 CITY-ST-ZIP	Apopka, FL 32703	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Evans, Rev. Dewey	
4.3 STREET ADDRESS	RR #1, Box 155A	
4.4 CITY-ST-ZIP	Philipsburg, PA 16866	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Garver, Rev. Clifford	
5.3 STREET ADDRESS	63 Garden Heights	
5.4 CITY-ST-ZIP	Columbus, OH 43228	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: *George W. Fink Treasurer* *George W. Fink Treasurer* *4/29/98*

CP2E037 (10/97)