


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 704561 (0) 1. Corporation Name TEMPLE HEIGHTS CHRISTIAN SCHOOLS, INC.			
Principal Place of Business 8406 46TH STREET TAMPA FL 33617		Mailing Address 8406 46TH STREET TAMPA FL 33617-6910	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 29	
Country 25		Country 30	
3. Date Incorporated or Qualified 09/24/1962		3a. Date of Last Report 02/08/1996	
4. FEI Number 59-0872965		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent COCKRELL, E ALAN 120 LAKE DRIVE TAMPA, FLORIDA LUTZ FL 33549		10. Name and Address of New Registered Agent 81 Name Anthony G Perry 82 Street Address (P.O. Box Number is Not Acceptable) 3635 Woodhill Dr 83 84 City Brandon FL 85 Zip Code 33511	
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: <i>Anthony G. Perry</i> DATE: 4-16-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PTD
NAME	SMITH, ROBERT L	1.2 NAME	Perry, Anthony G
STREET ADDRESS	4736 N COOPER RD	1.3 STREET ADDRESS	3635 Woodhill Dr
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Brandon FL 33511
TITLE	PD	2.1 TITLE	VPD
NAME	COCKRELL, E ALAN	2.2 NAME	Hollister, John I
STREET ADDRESS	120 LAKE DRIVE	2.3 STREET ADDRESS	14706 Tall Tree Dr
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	Lutz FL 33549
TITLE	VPD	3.1 TITLE	SD
NAME	WHEELER, JOHN M	3.2 NAME	Rasmussen, Pamela L
STREET ADDRESS	17304 LYNN DAN DR	3.3 STREET ADDRESS	6611 Five Acre Rd
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Plant City FL 33566
TITLE	D	4.1 TITLE	D
NAME	FAZA, ANDRES J	4.2 NAME	Eynford, Evelyn T
STREET ADDRESS	5415 FAZLANE	4.3 STREET ADDRESS	309 W Louisiana Ave
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33603
TITLE	D	5.1 TITLE	D
NAME	EMORY, KELLEY	5.2 NAME	Clemons, Samuel D
STREET ADDRESS	1428 HOUNDS HOLLOW CT.	5.3 STREET ADDRESS	5403 Britwell Ct
CITY-ST-ZIP	LUTZ FL 33549	5.4 CITY-ST-ZIP	Tampa FL 33624
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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: <i>Anthony G. Perry</i>		DATE: 4-16-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 0048302	

CR2E037 (9/96)