

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**8406 46TH STREET
TAMPA FL 33617**

**8406 46TH STREET
TAMPA FL 33617**

3. Date Incorporated or Qualified

09/24/1962

4. FEI Number

59-0872965

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, ANTHONY G.
3635 WOODHILL DRIVE
TAMPA, FLORIDA
BRANDON FL 33511**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Anthony G. Perry
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, ANTHONY G	
STREET ADDRESS	3635 WOODHILL DR	
CITY - ST - ZIP	BRANDON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLISTER, JOHN I	
STREET ADDRESS	14708 TALL TREE DR	
CITY - ST - ZIP	LUTZ FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ASHMORE, PAMELA L	
STREET ADDRESS	6611 FIVE ACRE RD	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EANFORD, EVELYN T	
STREET ADDRESS	309 W. LOUISIANA AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMONS, SAMUEL D.	
STREET ADDRESS	5403 BRITWELL CT	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wigton, James H	
1.3 STREET ADDRESS	15103 Nighthawk Dr	
1.4 CITY - ST - ZIP	Tampa, FL 33625	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McNeal, Gary W	
2.3 STREET ADDRESS	4613 E Serena Dr	
2.4 CITY - ST - ZIP	Tampa, FL 33617	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Perry, Anthony G	
3.3 STREET ADDRESS	8305 N River Oaks Ct	
3.4 CITY - ST - ZIP	Tampa, FL 33617	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sanford, Evelyn T	
4.3 STREET ADDRESS	309 W Louisiana Ave	
4.4 CITY - ST - ZIP	Tampa, FL 33604	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Livilla, Harold D	
6.3 STREET ADDRESS	13106 Ambrose Pl	
6.4 CITY - ST - ZIP	Riverview, FL 33569	

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:

Anthony G. Perry
REQUIRED

4-798 (813) 985-9885

CR2E037 (10/97)