

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90089 004 ****61.25

DOCUMENT # 704561

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/24/1962

4. FEI Number

59-0872965

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 P
NAME WIGTON, JAMES H
STREET ADDRESS 15103 NIGHTHAWK DR
CITY-ST-ZIP TAMPA FL 33625

☐ DELETE

TITLE VP
NAME MCNEAL, GARY W
STREET ADDRESS 4613 E SERENA DR
CITY-ST-ZIP TAMPA FL 33617

☐ DELETE

TITLE T
NAME PERRY, ANTHONY G
STREET ADDRESS 8305 N RIVER OAKS CT
CITY-ST-ZIP TAMPA FL 33617

☐ DELETE

TITLE D
NAME SANFORD, EVELYN T
STREET ADDRESS 309 W. LOUISIANA AVE
CITY-ST-ZIP TAMPA FL 33604

☐ DELETE

TITLE D
NAME CLEMONS, SAMUEL D.
STREET ADDRESS 5403 BRITWELL CT
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME LINVILLE, HAROLD D
STREET ADDRESS 13106 AMBROSE PL
CITY-ST-ZIP RIVERVIEW FL 33569

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-13-99

813-985-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)