

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 037 \*\*\*\*70.00

**DOCUMENT # 714417**

1. Entity Name

ORLANDO CHRISTIAN SCHOOLS, INC.



Principal Place of Business

100 GRAND HWY  
CLERMONT FL 34711  
US

Mailing Address

100 GRAND HWY  
CLERMONT FL 34711  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
59-1283592

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, LLOYD E  
~~935 PARK VALLEY CIR.~~  
~~MINNEOLA FL 34715~~

(address change only)

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Grand Hwy

City

Clermont

FL

Zip Code

34711

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MEYER, JOANNE M	
STREET ADDRESS	<del>935 PARK VALLEY CIR.</del>	
CITY-ST-ZIP	<del>MINNEOLA FL 34715</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYER, LLOYD E	
STREET ADDRESS	<del>935 PARK VALLEY CIR.</del>	
CITY-ST-ZIP	<del>MINNEOLA FL 34715</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, KATHY A	
STREET ADDRESS	1317 OLYMPIA PARK CIRCLE	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	meyer, Joanne M.	(Address)
STREET ADDRESS	100 Grand Hwy	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	meyer, Lloyd E	(Address)
STREET ADDRESS	100 Grand Hwy	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kathy A. Jackson Kathy A. Jackson

2-21-08

352-243-1228