

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 716937 (8)**

1. Corporation Name

**ATLANTIC CHRISTIAN SCHOOLS, INC.**



Principal Place of Business

Mailing Address

**C/O MORGAN RAMSEY  
21800 SW 152ND AVE  
MIAMI FL 33170**

**C/O MORGAN RAMSEY  
21800 SW 152ND AVE  
MIAMI FL 33170**

3. Date Incorporated or Qualified  
**07/30/1969**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-1270486**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEPLES, WILLIAM H  
765 W 76 ST  
HIALEAH 33014**

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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FORCUM, ROBERT	
STREET ADDRESS	14161 LEANING PINE DRIVE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMSAY, MORGAN	
STREET ADDRESS	21800 S.W. 152ND AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	HOOD, LAWRENCE	
STREET ADDRESS	26925 S.W. 197TH AVE	
CITY - ST - ZIP	HOMESTEAD FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ramsey, Margaret	
1.3 STREET ADDRESS	21800 S.W. 152 AVE.	
1.4 CITY - ST - ZIP	MIAMI, FL. 33170	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMSEY, Morgan	
2.3 STREET ADDRESS	21800 S.W. 152 AVE.	
2.4 CITY - ST - ZIP	MIAMI, FL. 33170	
3.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hood, Lawrence	
3.3 STREET ADDRESS	1345 S.W. Cedar Cove	
3.4 CITY - ST - ZIP	Port St. Lucie, FL. 34986	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Morgan Ramsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Morgan Ramsey**

**4/12/96**  
Date

**(305)**

**248-5373**  
Daytime Phone #

CR2E037 (12/95)