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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998				ary of State CORPORATIONS	Secretary of State
DOCU 1. Corporation	MENT on Name	# 71909	92	(9)		
BROW	ARD CHR	ISTIAN SCHOOL	LS, INC.			
Principal Plac	e of Busines	s	Mai	iling Address		
1490 N.W. FLA				N.W. FLAMINGO RD		3. Date incorporated or Qualified
PLANTATION F	·L 33323-2331		PLAI	NTATION FL 33323-23	31	03/04/1970
						4. FEI Number Applied For 59-1385857 Not Applicable
2. Principal P	lace of Busin	ness		Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	# etc	· · · · · · · · · · · · · · · · · · ·	26	Suite, Apt. #, etc.		Fee Required
22			27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	le		28	City & State		7. Is this nonprofit corporation a homeowners association?
Zip		Country		Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name	and Address of Cur	29 rrent Registe	ered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
					81 Name	SAME
	S,RAY C				82 Street	t Address (P.Q. Box Number is Not Acceptable)
,	SW 2 STREE TION FL 33	_			83	1377 1000 103 1211.
10,117		,020			84 Cibo	85 Zip Code
44 5	1- Ab			7 4500 5	1 73	0/Lax 3PV 1/093 FL 122071
11. Pursuant	to the provis	ions of Sections 617.0	0502 and 61.	7.1508. Fiorida Statu	tes, the above-hamed	
office or r	registered ag	ent, or both, in the Sta	ate of Florida	a. Such change was	authorized by the cor	rporation's board of directors. Thereby accept the appointment as registered
	registered ag im familiar wi	ent, or both, in the Sta th, and accept the ob	ate of Florida digations of,	a. Such change was Section 617.0503, Fl	authorized by the cor lorida Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. Thereby accept the appointment as registered
SIGNATURE		or printed name of registered	sent and title if	epplicable. (NO	TE: Registered Agent signatur	re required when reinstalling) DATE
		or printed name of registered		epplicable. (NO		re required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed	or printed name of registered OFFICERS /	sent and title if	epplicable. (NO	TE: Registered Agent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Addition ACC HOS RAY C
SIGNATURE	PD NICHOL 12441 S	or printed name of registered OFFICERS / S,RAY C W 2 ST.	sent and title if	epplicable. (NO	TE: Registered Agent signatur 13. 1.1 TITLE	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Addition ACC HOS RAY C
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14. I hereby certify that the information supplied with this filling 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 abdress.

SIGNATURE:

FILED

Jan 21 1998 8:00am