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Jan 21 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 # 719092 (9)

1. Corporation Name

BROWARD CHRISTIAN SCHOOLS, INC.

Principal Place of Business

Mailing Address

1490 N.W. FLAMINGO RD.  
PLANTATION FL 33323-2331

1490 N.W. FLAMINGO RD.  
PLANTATION FL 33323-2331

3. Date Incorporated or Qualified

03/04/1970

4. FEI Number

59-1385857

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 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

NICHOLS, RAY C  
12441 SW 2 STREET  
PLANTATION FL 33323

81 Name

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

83

84 City

FL

85 Zip Code

33071

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. Thereby 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME NICHOLS, RAY C  
STREET ADDRESS 12441 SW 2 ST.  
CITY-ST-ZIP PLANTATION FL

1.1 TITLE PD  
1.2 NAME Nichols Ray C.  
1.3 STREET ADDRESS 1574 NW 103 Terr  
1.4 CITY-ST-ZIP Coral Springs, Fla 33071

TITLE D  
NAME MOYER, JOHN SR.  
STREET ADDRESS 3200 N.W. 73RD AVENUE  
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME ROSS, JAMES S. JR.  
STREET ADDRESS 2366 N.W. 110 TERR.  
CITY-ST-ZIP SUNRISE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME ROSS JR, JAMES  
STREET ADDRESS 2366 N.W. 110 TERR.  
CITY-ST-ZIP SUNRISE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME ROETRUG, KIM  
STREET ADDRESS 1530 SW 37 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE D. Roetrug Kim  
5.2 NAME 12441 SW 2 ST  
5.3 STREET ADDRESS Plantation Fla  
5.4 CITY-ST-ZIP 33325

TITLE T  
NAME NEWTON, ALICIA  
STREET ADDRESS 1520 SW 37 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

6.1 TITLE  
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.

SIGNATURE:

*R. Nichols*

1/6/98

CR2E037 (10/97)