

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90103 020 ****61.25

0038791

DOCUMENT # 719092

1. Corporation Name

BROWARD CHRISTIAN SCHOOLS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

03/04/1970

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-1385857

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHOLS, RAY C
1574 NW 103 TERRACE
CORAL SPRINGS FL 33071**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD
NICHOLS, RAY C**
STREET ADDRESS **1574 NW 103 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **George DEL PINO**
4.3 STREET ADDRESS **1574 NW 103 Terr.**
4.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ DELETE
NAME **D
ROEHRUG, KIM**
STREET ADDRESS **12441 SW 2 ST**
CITY-ST-ZIP **PLANTATION FL 33325**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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:

George Del Pino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 9544725750

Date

Daytime Phone #

CR2E037 (11/98)