## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1992



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Jan 29 1998 8:00am

	1550			Secretary of State
DOCUMENT # 720592 (5)				
PALM VISTA CHRISTIAN SCHOOL, A PRIVATE SCHOOL, I NC.				
Principal Place of Business Mailing Address				
A PRIVATE SO 700 S 33 ST FT PIERCE FL		A PRIVATE SCHOOL INC 700 S 33 ST FT PIERCE FL 34947		3. Date Incorporated or Qualified  03/25/1971  4. FEI Number Applied For  59-1358817 Not Applicable
2. Principal Place of Business 2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	
25     25     Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.			Fee Required	
27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
City & State City & State		City & State		7. Is this nonprofit corporation a nomeowners association?
Zlp	Country	Zip	Country	Yes X No  3. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
DOWELL ELLIC				dress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fjorida 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  PAGE  Of Page 1  DATE				
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DARBUE DAVID	DELETE	1.1 TITLE	Change Addition
NAME STREET ADDRESS	Brabble, David 1798 S.W. Del Rio Blvd		1.2 NAME	
CITY-ST-ZIP	PT. ST. LUCIE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, ELLIS		2.2 NAME	·- •
STREET ADDRESS	700 BRACK RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	
TITLE	D DAY TEADER	DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS	RAY, TERRELL 1750 SW CATALONIA ST		3.2 NAME	
CITY-ST-ZIP	PT ST LUCIE FL		3.3 STREET ADDRESS	
TITLE	THO ECOLETE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		<del></del>	4. 2 NAME	v.maileri
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP	T Observe T statement
NAME			6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	ertify that the information supplied wit	h 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:** 

1-13-98

(561) 464-1591