

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:30

DOCUMENT # **729765** (8)
1. Corporation Name
ROCKY BAYOU CHRISTIAN SCHOOL, INCORPORATED

Principal Place of Business Mailing Address
2101 NORTH PARTIN DRIVE NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1974** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-1488143** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRETE, (ROBERT L.)
1039 FOREST ROAD
NICEVILLE FL 32578**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GRETE, W. B.
STREET ADDRESS 552 CRYSTAL DRIVE
CITY-ST-ZIP MADEIRA BEACH, FL 33708
TITLE V
NAME RUCKEL, C. WALTER
STREET ADDRESS 222 ROCKWOOD LANE
CITY-ST-ZIP NICEVILLE FL 32578
TITLE STD
NAME GRETE, ROBERT L.
STREET ADDRESS 1039 FOREST ROAD
CITY-ST-ZIP NICEVILLE FL 32578
TITLE D
NAME THOMAS, HAROLD E.
STREET ADDRESS 2865 EDGEWATER DRIVE
CITY-ST-ZIP NICEVILLE FL 32578
TITLE D
NAME PAULK, LARRY E
STREET ADDRESS 202 NATHY STREET
CITY-ST-ZIP NICEVILLE FL 32578
TITLE D
NAME STOER, ERIK H.
STREET ADDRESS 28 KATHY LN.
CITY-ST-ZIP FREEPORT FL 32439

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or omitted in accordance with an affidavit.

SIGNATURE:

Robert L. Grete 20 JAN 95 (904) 678-7284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Include Title #)