FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DEPARTMENT OF STATE
Division of Corporations
Secretary of State
P.O. BOX 6327
Tallahassee, Florida 32314

APPROVED AND FILED

95 MAY -1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721512** **(2)**

CHRISTIAN ACADEMY OF BOYNTON BEACH, INC.

Principal Place of Business	Mailing Address
101 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33435 US	101 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33435 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1354876 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CORNN BRENDA
919 MISSION HILL RD
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CORNN BRENDA	12 NAME		
STREET ADDRESS	919 MISSION HILL RD	13 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	14 CITY ST ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	MELEAR SHANNON	22 NAME		
STREET ADDRESS	312 SW 11 AVE	23 STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH, FL 00000	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MEADOWS, STEPHANIE	32 NAME		
STREET ADDRESS	207 SW 13TH AVE	33 STREET ADDRESS		
CITY ST ZIP	BOYNTON BCH FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	HOUSE CATHY	42 NAME	WALLACE FONDA	
STREET ADDRESS	860 NW 8 AVE	43 STREET ADDRESS	119 ARTHUR CT	
CITY ST ZIP	BOYNTON BCH, FL 00000	44 CITY ST ZIP	BOYNTON BEACH, FL 33436	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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: Brenda G. Cornn – BRENDA G. CORNN 4-27-95 407-737-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048030