

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 721512 (2)**

1. Corporation Name  
**CHRISTIAN ACADEMY OF BOYNTON BEACH, INC.**



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

Mailing Address  
**101 W BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33435  
US**

3. Date Incorporated or Qualified  
**08/13/1971**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

4. FEI Number  
**59-1354876**

Applied For  
 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**CORN 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 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 **BRENDA G. CORNN**

*Brenda G. Cornn*

**4-29-96**

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CORN BRENDA</b>	
STREET ADDRESS	<b>919 MISSION HILL RD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MELEAR SHANNON</b>	
STREET ADDRESS	<b>312 SW 11 AVE</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MEADOWS, STEPHANIE</b>	
STREET ADDRESS	<b>207 SW 13TH AVE</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FONDA, WALLACE</b>	
STREET ADDRESS	<b>119 ARTHUR CT</b>	
CITY-ST-ZIP	<b>BOYNTON BCH, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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** **4-29-96** **407-737-1402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)