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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33435-4020
US**



3. Date Incorporated or Qualified
08/13/1971

3a. Date of Last Report
05/01/1996

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

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNN BRENDA
919 MISSION HILL RD
BOYNTON BEACH FL 33435**

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*

4-24-97

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 **PD** ☐ DELETE
NAME **CORNN BRENDA**
STREET ADDRESS **919 MISSION HILL RD**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **VPD** ☒ DELETE
NAME **MELEAR SHANNON**
STREET ADDRESS **312 SW 11 AVE**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **RICHARD BOYD**
2.3 STREET ADDRESS **2083 S.W. 13th AVE**
2.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **S** ☐ DELETE
NAME **MEADOWS, STEPHANIE**
STREET ADDRESS **207 SW 13TH AVE**
CITY-ST-ZIP **BOYNTON BCH FL**

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

TITLE **TD** ☐ DELETE
NAME **FONDA, WALLACE**
STREET ADDRESS **119 ARTHUR CT**
CITY-ST-ZIP **BOYNTON BCH, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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* **REQUIRED**

4-24-97

(561)
737-1402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042329

CR2E037 (9/96)