

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721512

1. Entity Name

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 33435-4020
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNN BRENDA
919 MISSION HILL RD
BOYNTON BEACH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Brenda G. Cornn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME GUNSFORD, FRANK
STREET ADDRESS 30 SIOUX LANE
CITY-ST-ZIP LANTANA FL 33462

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE Squire, Patricia
NAME 1301 N.W. 8 Street
STREET ADDRESS BOYNTON BEACH, FL 33435
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME O'HALLDRAN, JENNY
STREET ADDRESS 3665 SILVER LACE LANE #77
CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda G. Cornn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA G. CORNN - DIRECTOR

2-15-2000 561-737-1423

Date

Daytime Phone #

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90022 048 ****70.00

813133



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1354876

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required