

# 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 # **724216**

(7)

1. Corporation Name

**EVANGEL CHRISTIAN SCHOOL, INC.**



Principal Place of Business

**777 CARPENTER'S WAY  
LAKELAND FL 33809-3921  
US**

Mailing Address

**P.O. BOX 95020  
LAKELAND FL 33809-3921**

3. Date Incorporated or Qualified  
**08/28/1972**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1417524**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, J. A.  
5426 HAROR DR. E.  
LAKELAND FL 33809**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MALLORY JOHNSON**  
STREET ADDRESS **707 CARPENTER WAY 43**  
CITY-ST-ZIP **LAKELAND, FL 00000 33809**

TITLE **D** ☐ DELETE

NAME **DAVID INGLIS**  
STREET ADDRESS **707 CARPENTERS WAY**  
CITY-ST-ZIP **LAKELAND, FL 00000 33809**

TITLE **P** ☐ DELETE

NAME **STRADER, KARL**  
STREET ADDRESS **777 CARPENTER'S WAY**  
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **D** ☐ DELETE

NAME **ROBERT, MOUREY**  
STREET ADDRESS **828 WINNIE LANE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **ST** ☐ DELETE

NAME **PEREZ, J.A.**  
STREET ADDRESS **777 CARPENTER'S WAY**  
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **D** ☒ DELETE

NAME **GROTHE, ERNIE**  
STREET ADDRESS **4112 STAFFORDSHIRE**  
CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**D**  
**Jody Willis**  
**1612 Williams Rd.**  
**Plant City, FL 33566**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

941-859-1477x320

Date

Daytime Phone #

CR2E037 (12/95)