

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number  
**59-1417524**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, J. A.  
5428 HAROR DR. E.  
LAKELAND FL 33809**

81 Name **Shane A Simmons**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**1328 Edgewater Bah Dr.**  
83  
84 City **Lakeland** FL 85 Zip Code **33805**

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALLORY JOHNSON</b>	1.2 NAME	
STREET ADDRESS	<b>707 CARPENTER WAY 43</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 00000 33809</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID INGLIS</b>	2.2 NAME	
STREET ADDRESS	<b>707 CARPENTERS WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 00000 33809</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRADER, KARL</b>	3.2 NAME	
STREET ADDRESS	<b>777 CARPENTER'S WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary/Vice P. S.V</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT MOUREY</b>	4.2 NAME	<b>James E. Ferrell</b>
STREET ADDRESS	<b>828 WINNIE LANE</b>	4.3 STREET ADDRESS	<b>738 Buena Vista Dr.</b>
CITY-ST-ZIP	<b>LAKELAND FL 00013</b>	4.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Treasurer T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEREZ, J.A.</b>	5.2 NAME	<b>Shane A. Simmons</b>
STREET ADDRESS	<b>777 CARPENTER'S WAY</b>	5.3 STREET ADDRESS	<b>1328 Edgewater Bah Dr.</b>
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JODY WILLIS</b>	6.2 NAME	
STREET ADDRESS	<b>1612 WILLIAMS RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	6.4 CITY-ST-ZIP	

14. 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 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: 

CR2E037 (1097)