FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736205 (6)

1. Corporation Name
WESTWOOD CHRISTIAN SCHOOL, INC.

Principal Place of Business	Mailing Address
920 11TH ST. S.W. LIVE OAK FL 32060-3604	920 11TH ST. S.W. LIVE OAK FL 32060-3604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1976
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1698760 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAND, GERTRUDE
RT. 5 BOX 258, N/A
LIVE OAK FL 32060

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DEAS, JAMES	1.2 NAME		
STREET ADDRESS	920 SW 11TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	LAND, GERTRUDE	2.2 NAME		
STREET ADDRESS	RT. 5 BOX 258	2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWLAND, BILLY	3.2 NAME		
STREET ADDRESS	920 SW 11TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HORRATH, GLEN	4.2 NAME	Horvath, Glen	
STREET ADDRESS	RT 6 BOX 676B NA	4.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIER, WANDA	5.2 NAME		
STREET ADDRESS	RT. 6 BOX 89	5.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP		
TITLE	AD	6.1 TITLE	D	☐ Change ☒ Addition
NAME	PEACE, PAM	6.2 NAME	Hill, Vernon	
STREET ADDRESS	RT. 13 BOX 933	6.3 STREET ADDRESS	Rt 6 Box 634	
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	Live Oak, FL. 32060	$2.1

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)(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: Wanda S Frier 1/24/95 904-362-3735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wanda S Frier

022310