

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified **06/24/1976** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1698760		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAS, JAMES	1.2 NAME	Vernon Hitt
STREET ADDRESS	920 SW 11TH STREET	1.3 STREET ADDRESS	Route 6 Box 634
CITY - ST - ZIP	LIVE OAK FL	1.4 CITY - ST - ZIP	Live Oak, FL 32060
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, GLEN	4.2 NAME	
STREET ADDRESS	RT 6 BOX 676B NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK FL	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIER, WANDA	5.2 NAME	
STREET ADDRESS	RT. 8 BOX 89	5.3 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK FL	5.4 CITY - ST - ZIP	
TITLE	AD <input type="checkbox"/> DELETE	6.1 TITLE	AD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACE, PAM	6.2 NAME	Peace, Pam
STREET ADDRESS	RT. 13 BOX 933	6.3 STREET ADDRESS	900 Pearl Avenue
CITY - ST - ZIP	LAKE CITY FL	6.4 CITY - ST - ZIP	Live Oak, FL

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:

[Handwritten Signature]

1/23/97

904-322-22

88

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000776

CR2E037 (9/96)