

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **736205** (6)

1. Corporation Name
WESTWOOD CHRISTIAN SCHOOL, INC.



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

3. Date Incorporated or Qualified 06/24/1976	
4. FEI Number 59-1698760	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--

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)	12665 161st Road
83	
84 City	Live Oak, FL
85 Zip Code	32060

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	<input type="checkbox"/> DELETE
NAME	D HILL, VERNON
STREET ADDRESS	RT 6 BOX 634
CITY-ST-ZIP	LIVE OAK FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD LAND, GERTRUDE
STREET ADDRESS	RT. 5 BOX 258
CITY-ST-ZIP	LIVE OAK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HOWLAND, BILLY
STREET ADDRESS	920 SW 11TH ST.
CITY-ST-ZIP	LIVE OAK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HORVATH, GLEN
STREET ADDRESS	RT 6 BOX 676B NA
CITY-ST-ZIP	LIVE OAK FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD FRIER, WANDA
STREET ADDRESS	RT. 8 BOX 89
CITY-ST-ZIP	LIVE OAK FL
TITLE	<input type="checkbox"/> DELETE
NAME	AD PEACE, PAM
STREET ADDRESS	900 PEARL AVENUE
CITY-ST-ZIP	LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9020 145th Drive
1.4 CITY-ST-ZIP	Live Oak, FL 32060
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12665 161st Road
2.4 CITY-ST-ZIP	Live Oak, FL 32060
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Cook, MarieAnne
4.3 STREET ADDRESS	5414 191st Rd.
4.4 CITY-ST-ZIP	Live Oak, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	12910 US Hwy 90 #152
5.4 CITY-ST-ZIP	Live Oak, FL 32060
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Wanda S. Frier 1/29/98 (904) 362-3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000814

CR2E037 (10/97)