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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736205

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/24/1976

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

9. Name and Address of Current Registered Agent

**LAND, GERTRUDE
12665 161 ST RD
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 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

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE **D**
NAME **HILL, VERNON**
STREET ADDRESS **9020 145TH DR**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **CD** ☐ DELETE

NAME **LAND, GERTRUDE**
STREET ADDRESS **12665 161ST RD**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ DELETE

NAME **HOWLAND, BILLY**
STREET ADDRESS **920 SW 11TH ST.**
CITY-ST-ZIP **LIVE OAK FL**

TITLE **D Treas / Sec** ☐ DELETE

NAME **COOK, MARIE ANNE**
STREET ADDRESS **5414 191ST RD**
CITY-ST-ZIP **LIVE OAK FL**

TITLE **TD** ☒ DELETE

NAME **FRIER, WANDA**
STREET ADDRESS **12910 US HWY 90 #152**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **AD** ☐ DELETE

NAME **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 ☒ Change ☒ Addition

1.2 NAME **Loges, Marilyn**
1.3 STREET ADDRESS **11330 122nd Terrace**
1.4 CITY-ST-ZIP **Live Oak, FL 32060**

2.1 TITLE **Pres** ☐ Change ☒ Addition

2.2 NAME **Deas, Jimmy**
2.3 STREET ADDRESS **920 S.W. 11th Street**
2.4 CITY-ST-ZIP **Live Oak, FL 32060**

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 **Treas / Sec**
4.3 STREET ADDRESS **Cook, Marie Anne**
4.4 CITY-ST-ZIP **89250 12th Drive Live Oak, FL 32060**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Anne Cook 1/29/99 (904) 362-3135

Date

Daytime Phone #

CR2E037 (11/98)