

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90040 007 ****61.25

0024557

DOCUMENT # 740541

1. Corporation Name

REDLAND CHRISTIAN ACADEMY, INC.

Principal Place of Business

17700 SW 280 ST.
HOMESTEAD FL 33031

Mailing Address

17700 SW 280 ST.
HOMESTEAD FL 33031

470344 - 90040 - 7



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/23/1977

4. FEI Number

59-1795662

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

HARTLEY, RUTH
15610 SW 298 TERRACE
LEISURE CITY FL 33033

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HARTLEY, RUTH**
STREET ADDRESS **15610 SW 298TH TERRACE**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☒ DELETE

NAME **S HARTLEY, RUTH**
STREET ADDRESS **15610 SW 298 TERRACE**
CITY-ST-ZIP **LEISURE CITY FL**

TITLE ☐ DELETE

NAME **P WALDBILLIG, TED**
STREET ADDRESS **15971 SW 287TH ST**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ DELETE

NAME **D MILBURN, BRIAN**
STREET ADDRESS **323 SW 4 STREET**
CITY-ST-ZIP **FLORIDA CITY FL**

TITLE ☐ DELETE

NAME **D WITHERS, DANA**
STREET ADDRESS **16920 SW 300 ST**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ DELETE

NAME **D LEE, PAUL**
STREET ADDRESS **510 NW 21ST STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **T Ruth E. Perry**
1.3 STREET ADDRESS **28201 SW 195 Avenue**
1.4 CITY-ST-ZIP **Homestead, FL 33031**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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: *Theodore W. Waldbillig* **Theodore W. Waldbillig** **4/23/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)