

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749551 (8)

1. Corporation Name

**SOUTHEAST ACCREDITING ASSOCIATION OF CHRISTIAN S
CHOOLS, COLLEGES, AND SEMINARIES, INC.**



Principal Place of Business

Mailing Address

**TIAN SCHOOLS, COLLEGES, AND SEMINARIES, INC
1207 HAMILTON BRIDGE RD.
MILTON FL 32570**

**TIAN SCHOOLS, COLLEGES, AND SEMINARIES, INC
1207 HAMILTON BRIDGE RD.
MILTON FL 32570**

3. Date Incorporated or Qualified

10/29/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, EDWIN MAC
1207 HAMILTON BRIDGE ROAD
MILTON FL 32570**

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 **VD** ☐ DELETE

1.1 TITLE **D** ☒ Change ☐ Addition

NAME **CARD, ROBERT D**

1.2 NAME

STREET ADDRESS **5536 WALKER RD**

1.3 STREET ADDRESS

CITY-ST-ZIP **MILTON, FL 00000**

1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **JOHNSON, EDWIN MAC**

2.2 NAME

STREET ADDRESS **1207 HAMILTON BRIDGE RD**

2.3 STREET ADDRESS

CITY-ST-ZIP **MILTON, FL 00000**

2.4 CITY-ST-ZIP

TITLE **-D - - -** ☐ DELETE

3.1 TITLE **VD** ☒ Change ☐ Addition

NAME **MAYHEW, RON**

3.2 NAME

STREET ADDRESS **1400 DELMONTE STREET**

3.3 STREET ADDRESS

CITY-ST-ZIP **MILTON, FL 00000**

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **GUNTON, JOHN**

4.2 NAME

STREET ADDRESS **116 HINOTE ST**

4.3 STREET ADDRESS

CITY-ST-ZIP **MILTON, FL 00000**

4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **JOHNSON, KENNETH M**

5.2 NAME

STREET ADDRESS **4225 BURBANK RD**

5.3 STREET ADDRESS

CITY-ST-ZIP **MILTON, FL 00000**

5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **STONE, DANA J**

6.2 NAME

STREET ADDRESS **2863 ROBINSON PT RD**

6.3 STREET ADDRESS

CITY-ST-ZIP **MILTON, FL 00000**

6.4 CITY-ST-ZIP

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)(k), 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:

Kenneth M. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth M. Johnson 4/26/96

(904) 623-8207

Date

Daytime Phone #

CR2E037 (12/95)