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Apr 14 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 # 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/29/1979

4. FEI Number

59-6554316

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

TITLE D CARD, ROBERT D ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5536 WALKER RD  
MILTON, FL 00000

TITLE SD ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JOHNSON, EDWIN MAC  
1207 HAMILTON BRIDGE RD  
MILTON, FL 00000

TITLE PD ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MAYHEW, RON  
1400 DELMONTE STREET  
MILTON, FL 00000

TITLE -D- ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GUNTUN, JOHN  
116 HINOTE ST  
MILTON, FL 00000

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DREW, DUANE  
6503 SKYLINE DR.  
MILTON, FL 00000

TITLE VD ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STONE, DANA J  
2863 ROBINSON PT RD  
MILTON, FL 00000

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Kelley, Randal H.  
301 Conecuh Street  
Milton, FL 32570

VD

D

Bohannon, William Robert  
313 Independence Dr.  
Milton, FL 32570

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:

E.M. JOHNSON 4/7/98 (850) 623-1455

CR2E037 (10/97)