FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # 758628 (2)

1. Corporation Name

HERNANDO CHRISTIAN PRIVATE ACADEMY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7200 EMERSON RD BROOKSVILLE FL 34601-5736	7200 EMERSON RD BROOKSVILLE FL 34601-5736

3. Date Incorporated or Qualified: **06/03/1981**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **59-2102319** ☐ Applied For ☐ 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 ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has qualify for eligible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARNER, ROY L
3258 INDIAN GULF LN
SPRING HILL FL 34607

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PD	☒ Change ☐ Addition
NAME	NASE, PHIL	12 NAME	Peterson, James H.	
STREET ADDRESS	204 TRUDY LYNN RD.	13 STREET ADDRESS	26307 Mountain Lake Rd.	
CITY-ST-ZIP	BROOKSVILLE FL 33512	14 CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	V	21 TITLE	VD	☒ Change ☐ Addition
NAME	WILMARTH, BOB	22 NAME	Whatley, Ramona	
STREET ADDRESS	RT. 3, BOX 116ELD DR.	23 STREET ADDRESS	23324 Singer Lane	
CITY-ST-ZIP	BROOKSVILLE FL	24 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	T	31 TITLE	TD	☒ Change ☐ Addition
NAME	SARTOR, J. R.	32 NAME	Butler, Frances	
STREET ADDRESS	OLD CRYSTAL RIVER RD.	33 STREET ADDRESS	18138 Edgewood Drive	
CITY-ST-ZIP	BROOKSVILLE FL	34 CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	S	41 TITLE	SD	☒ Change ☐ Addition
NAME	GRANT, HENRY	42 NAME	Glover, Stuart	
STREET ADDRESS	RT. 1, BOX 569-Y	43 STREET ADDRESS	7505 Jomel Drive	
CITY-ST-ZIP	BROOKSVILLE FL	44 CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Ramona Whatley 4/26/95 904-799-7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088733