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May 12 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 # 758628 (2)

1. Corporation Name
HERNANDO CHRISTIAN PRIVATE ACADEMY, INC.

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

4. FEI Number: 59-2102319 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	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. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETERSON, JAMES H 26307 MOUNTAIN LAKE ROAD BROOKSVILLE FL 34602	81 Name: Martin Ratcliffe 82 Street Address (P.O. Box Number Is Not Acceptable): 7200 Emerson Road 83 84 City: Brooksville FL 85 Zip Code: 34601

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: Martin J. A. Ratcliffe
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, JAMES H.		1.2 NAME		
STREET ADDRESS	26307 MOUNTAIN LAKE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHATLEY, RAMONA		2.2 NAME		
STREET ADDRESS	23324 SINGER LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLZAEPFEL, JOHN		3.2 NAME		
STREET ADDRESS	27128 RED FOX DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	HARRIS, CONNIE		4.2 NAME	Jolu Statkus	
STREET ADDRESS	P.O BOX 726 N/A		4.3 STREET ADDRESS	3460 Neff Lake Road	
CITY-ST-ZIP	LACOOCHEE FL		4.4 CITY-ST-ZIP	Brooksville, FL 34602	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Martin J. A. Ratcliffe 4/30/98 352-796-9616