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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 758628

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2102319 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RATCLIFFE, MARTIN
7200 EMERSON ROAD
BROOKSVILLE FL 34601

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 _____ 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	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	TD	☐ Change ☒ Addition
NAME	WHATLEY, RAMONA		2.2 NAME	Frank Basciano	
STREET ADDRESS	23324 SINGER LANE		2.3 STREET ADDRESS	11311 Pickford St.	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HOLZAEPFEL, JOHN		3.2 NAME	Steve Barry	
STREET ADDRESS	27128 RED FOX DR.		3.3 STREET ADDRESS	22233 Green Valley Trail	
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	STATKUS, JOLU		4.2 NAME	Sharon Taylor	
STREET ADDRESS	3460 NEFF ROAD		4.3 STREET ADDRESS	13209 Old Crystal River Road	
CITY-ST-ZIP	BROOKSVILLE FL 34602		4.4 CITY-ST-ZIP	Brooksville, FL 34601	
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 (11/98)

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: [signature] Chairman Bd. 4-13-99 352-796-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #