

**ANNUAL REPORT
1995**

State & Revenue
Secretary of State
DIVISION OF CORPORATIONS

95 APR 19 AM 8:31

DOCUMENT # 763990 (9)
1. Corporation Name
FAITH ASSEMBLY CHRISTIAN SCHOOL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ROUTE 1, BOX 2850 SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified **07/01/1982** 3a. Date of Last Report **04/06/1994**

4. FEI Number **59-2157244** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 27
City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 28
Zip Country Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 25 29 30
9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

**ARNETT, TOY R., JR.
ROUTE 1 BOX 2850
SANTA ROSA BEACH FL 32459**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNETT, TOY R., JR.
STREET ADDRESS	ROUTE 1, BOX 290
CITY - ST - ZIP	SANTA ROSA BCH. FL
TITLE	VD
NAME	ARNETT, RENA
STREET ADDRESS	ROUTE 1, BOX 290
CITY - ST - ZIP	SANTA ROSA BCH. FL
TITLE	SD
NAME	SCHILE, DONALD J.
STREET ADDRESS	735 SPRING LAKE DR.
CITY - ST - ZIP	DESTIN FL
TITLE	T
NAME	BOETTCHER, R.B.
STREET ADDRESS	GULF PINES
CITY - ST - ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald J. Schile, SEC.*
DONALD J. SCHILE, SEC.

11 APRIL 95 904 837-9405