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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

763990

(9)

EAITH	ASSEMBLY	CHRISTIAN	SCHOOL	INC
raiin.	MOOCIVIDLE	UDDISHAR	JUNIOUL,	HIO.

FAIIT	SSEMBLI CHRISTIAN SC	FIOOL, INO					
Principal Place of Business		Mailing Address		I JANNIN TOOMA ONDO ENTRO MEND IN	YMAN MINDY MINDY NINSA NINI	BIBER BIBIN IDBI	
ROUTE 1. BOX 2850 SANTA ROSA BEACH FL 32459		ROUTE 1. BOX 2850 SANTA ROSA BEACH FL 32459					
					Date Incorporated or Qualified 07/01/1982	3a. Date of Last 04/19/1	995
2. Principal Place of Business		2a. Mailing Address 26				Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27				F66	Required
Oty & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		May Be
23 Zip	Country	Zip	Coun	try	This corporation has liability for in		
24	25	29	30		. 10.144.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		31 Name	10. Name and Address of New Re	gistered Agent	
			Ľ				
	TOY R., JR.		[4	82 Street Address (P.O. Box Number is Not Acceptable)			
	BOX 2850		63				
SANTA ROSA BEACH FL 32459						7-1 -	- 0-4-
] (B4 City		FL 85 Z	p Code
or registere	o the provisions of Sections 617.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authoriz	ed by the co	e-named corp orporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appo	cose of changing its intract as registered	registered office diagent. I am
SIGNATURE _		AV.	NE. Desistered 6	and signal up soon	ired when reinstating)	DATE	
12.	Signature, typed or printed name of registered age OFFICERS Af	nt and tire if applicable (NC ND DIRECTORS	13.	gent signature requ	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	PD	DELETE	1.1 TiTL	.E		Change	Addition
NAME	ARNETT, TOY R., JR.		1.2 NAM	AE .			
STREET ADDRESS	ROUTE 1, BOX 290		13 STR	EET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BCH. FL		1.4 CIT	Y-ST-ZIP			
TITLE	VD	DELETE	2 1 TITI	.E		Change	Addition
NAME	ARNETT, RENA		2.2 NAI				
STREET ADDRESS	ROUTE 1, BOX 290			REET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BCH. FL	□ DELETE	2 4 CIT	[Y - ST - ZIP		Change	Addition
TITLE	SD SOUNT DOMAIN		3.1 HH				
NAME STREET ADDRESS	Schile, Donald J. 735 Spring Lake Dr.			REET ADDRESS			
CITY-ST-ZIP	DESTIN FL			TY-ST-ZIP			
TITLE	T	DELETE	4.1 TITI			☐ Change	Addition Addition
NAME	BOETTCHER, R.B.		4 2 NA	ME			
STREET ADDRESS	GULF PINES		43 STF	REET ADDRESS			
CITY - ST - ZIP	DESTIN FL		4 4 CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT			☐ Change	☐ Addition
NAME			5.2 NAI				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE	. 10-10-11.	DELETE	5.4 CH 6.1 TH	Y-ST-ZIP LE		☐ Change	Addition
NAME			6.2 NA				_
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			
certify that	t the information indicated on this an	nual report or supplemental and poration or the receiver or truste	nual report is se empower	true and accu	y for the exemption stated in Section 119, urate and that my signature shall have the this report as required by Chapter 617, Fk	same legal effect as orida Statutes; and th	if made under hat my name
SIGNAT	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	LS ER OR DIRECT	OR	4-27-96 Oate	267 Daytime Phone	2550
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