


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 07 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 763990 (9)  
 1. Corporation Name  
**Faith Assembly Christian School Inc.**

Principal Place of Business Mailing Address  
**306 Geronimo**  
**DESTIN FL. 32541**

3. Date Incorporated or Qualified **7-1-1982** 3a. Date of Last Report **4-6-1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	<b>P.O. Box 1536</b>	<b>59-2157244</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Country	<b>32459</b>	<b>WAITON</b>	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>Toy ARNETT</b> <del>306 P.O. Box 1536</del> <b>191 LOON LAKE</b> <b>SANTA ROSA Bch FL 32459</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 \_\_\_\_\_ Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-installing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP <input type="checkbox"/> DELETE	11 TITLE	PP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNETT Toy R. Jr. N/A</b>	12 NAME	<b>ARNETT Toy R Jr</b>
STREET ADDRESS	<b>PO. Box 1536</b>	13 STREET ADDRESS	<b>191 LOON LAKE</b>
CITY - ST - ZIP	<b>SANTA ROSA Bch FL 32459</b>	14 CITY - ST - ZIP	<b>SANTA ROSA Bch FL 32459</b>
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arnett Rena N/A</b>	22 NAME	<b>ARNETT RENA</b>
STREET ADDRESS	<b>PO. Box 1536</b>	23 STREET ADDRESS	<b>191 LOON LAKE</b>
CITY - ST - ZIP	<b>Santa Rosa Bch FL. 32459</b>	24 CITY - ST - ZIP	<b>SANTA ROSA Bch FL 32459</b>
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Schile Donald J.</b>	32 NAME	
STREET ADDRESS	<b>735 Spring Lake Dr.</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>Destin FL.</b>	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>500002232285</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-07/08/97--01004--032</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Donald J. Schile** SEC. DIR **5-9-97** **904-857-9405**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DONALD J. SCHILE**

CR2E037 (9/96)