FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am Secretary of State **DOCUMENT # 763990** 04-09-2002 90010 020 \*\*\*\*61 25 FAITH ASSEMBLY CHRISTIAN SCHOOL, INC. Principal Place of Business Mailing Address 306 GERONIMO PO BOX 1536 DESTIN FL 8259 32550 SANTA ROSA BCH. FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2157244 Not Applicable 32560 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---reet Address (P.O. Box Number is Not Acceptable) ARNETT, TOY R., JR. 282 SNOW DRIFT STE P DESTIN FL 32541 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Tour Arnett Ir. 3085. Ceronimo Street Destin FL 32560 ARNETT, TROY R., JR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BCH. FL 32549 Delete TITLE Addition NAME ARNETT, RENA NAME 3665. Geronimo Street Destin FL 32560 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BCH. FL 32549 Delete ☐ Change ☐ Addition TITLE TITLE SCHILE, DONALD J. NAME NAME STREET ADDRESS STREET ADDRESS 735 SPRING LAKE DR. CITY-ST-ZIP CITY-ST-ZIP DESTIN FL ☐ Delete TITLE **Change** TITLE Addition Shannon Neslus **NESIVS. SHANNON** NAME NAME STREET ADDRESS STREET ADDRESS 320 SAND MYRTIE TR CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report or supplemental 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

Indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under the first of the corporation or the receiver or trustice empowered, to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.