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May 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766761 (1)

1. Corporation Name

FAITH CHRISTIAN SCHOOL, INCORPORATED

Principal Place of Business

Mailing Address

4411 E.COLONIAL DR.  
ORLANDO FL 32803

4411 E.COLONIAL DR.  
ORLANDO FL 32803-5219



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/28/1983	3a. Date of Last Report 04/12/1996
4. FEI Number 59-2234348		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, JAMES L.  
4411 EAST COLONIAL DR.  
ORLANDO FL 32803

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	VTD
NAME	ALLUMS, DENNIE	1.2 NAME	JIM FORBES
STREET ADDRESS	1330 VAN ARSDALE ST.	1.3 STREET ADDRESS	7884 AUTUMN WOOD DR.
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	SD	2.1 TITLE	SD
NAME	SHIDELER, GARRY	2.2 NAME	MICHAEL LINDVIG
STREET ADDRESS	P.O. BOX 832 N/A	2.3 STREET ADDRESS	6451 TIFTON PL.
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	PD	3.1 TITLE	
NAME	THOMAS, JAMES L.	3.2 NAME	
STREET ADDRESS	2818 S.M.U. BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 \_\_\_\_\_

CR2E037 (9/96)