FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE May 11 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #**Corporation Name (1)766761 FAITH CHRISTIAN SCHOOL, INCORPORATED Principal Place of Business Mailing Address 4411 E.COLONIAL DR. 4411 E.COLONIAL DR. 3. Date Incorporated or Qualified ORLANDO FL 32803 ORLANDO FL 32803 01/28/1983 4. FEI Number Applied For 59-2234348 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? X No 23 Yes 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Stewar elano THOMAS, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 82 4411 EAST COLONIAL DR. 83 ORLANDO FL 32803 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment with, and accept the obligations of, Section 617.0503, Florida Statutes. DelanoC.Stewart **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Stewart, Delano C. FORBES, JIM 12 NAME NAME 226 Waverly 7884 AUTUMNWOOD DR. 1.3 STREET ADDRESS STREET ADDRESS FL 32730 ORLANDO FL Fern Park City-St-ZW 1.4 CITY - ST-ZIP DELETE Change □ Addition 2.1 TITLE TITLE LINDVIG, MICHAEL 2.2 NAME NAME STREET ADDRESS 6451 TIFTON PL 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE 3.1 TITLE ☐ Change Addition TITLE THOMAS JAMES L. NAME 3.2 NAME 2818 S.M.U. BLVD. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS**

14. Thereby 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 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 of the receiver or trustee.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

■ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/28/98

Change

☐ Addition