FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 766761

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

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed **01/28/1983**
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number **59-2234348** / Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip [24] / Country [25]	Zip [29] / Country [30]	6. Election Campaign Financing ☐ Trust Fund Contribution / **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, DELANO 4411 EAST COLONIAL DR. ORLANDO FL 32803	[81] Name *Charles Shafe* [82] Street Address (P.O. Box Number is Not Acceptable) *167 Lakewood Circle* [83] [84] City *Maitland,* FL [85] Zip Code *32751*

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 *Charles Shafe, President* X *Charles A Shaf* *4/21/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VTD NAME FORBES, JIM STREET ADDRESS 7884 AUTUMNWOOD DR. CITY-ST-ZIP ORLANDO FL	☐ DELETE	1.1 TITLE *PD* 1.2 NAME *Charles Shafe* 1.3 STREET ADDRESS *167 Lakewood Circle* 1.4 CITY-ST-ZIP *Maitland, FL 32751*	☐ Change ☒ Addition
TITLE SD NAME LINDVIG, MICHAEL STREET ADDRESS 6451 TIFTON PL CITY-ST-ZIP ORLANDO FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STEWART, DELANO C STREET ADDRESS 226 WAVERLY CITY-ST-ZIP FERN PARK FL 32730	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: X *REQUIRED* *4/21/99* *407-539-2232*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037. (11/98)