

5/

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-18-2001 91565 027 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767143

1. Entity Name

CHRISTIAN SCHOOL OF BREVARD, INCORPORATED

Principal Place of Business

~~WALTER L. GILFLEN~~ David R. Hendricks
 2010 N. U.S. #1
 COCOA FL 32922

Mailing Address

~~WALTER L. GILFLEN~~ David R. Hendricks
 2010 N. U.S. #1
 COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2293184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~GILFLEN, WALTER L~~ Hendricks, David R.
 2010 NORTH U.S. #1
 COCOA FL 32922

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.

SIGNATURE

David R. Hendricks
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-17-01

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~TO~~ ☐ Delete
 NAME HENDRICKS, DAVID
 STREET ADDRESS 926 WESTWOOD DR
 CITY-ST-ZIP MERRITT ISL FL

TITLE SD ☒ Change ☐ Addition
 NAME HAWKINS, KEITH ~~to Prasceno, John~~
 STREET ADDRESS 110 DUNE LN
 CITY-ST-ZIP COCOA FL 32927 927

TITLE PD ☒ Delete
 NAME GILFLEN, WALTER L
 STREET ADDRESS 912 JEFFERSON RD
 CITY-ST-ZIP ROCKLEDGE, FL 00000

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
 NAME Prasceno, John
 STREET ADDRESS 921 Pelican Ln
 CITY-ST-ZIP Rockledge FL 32955

TITLE TD ☐ Change ☒ Addition
 NAME Demis, Louis
 STREET ADDRESS 1041 Cypress Ln
 CITY-ST-ZIP Cocoa FL 32922

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN D. PRASCENO JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 01

Date

(321) 636-7671

Daytime Phone #

CR2E037 (10/00)