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Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 838869 (6)

1. Corporation Name

THE COOKSON HILLS CHRISTIAN SCHOOL, INC.



Principal Place of Business: ROUTE 3, BOX 200, KANSAS OK 74347  
Mailing Address: ROUTE 3, BOX 200, KANSAS OK 74347-9533

3. Date Incorporated or Qualified: 08/02/1977  
3a. Date of Last Report: 03/30/1996  
4. FEI Number: 73-0665495  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT V. SHARP  
101 N TAYLOR RD  
SEFFNER FL 33584

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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	TMD	<input type="checkbox"/> DELETE
NAME	WOOLLEN, LLOYD A.	
STREET ADDRESS	RT. 3, BOX 200 N/A	
CITY-ST-ZIP	KANSAS OK 74347	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KILLIAN, BEN	
STREET ADDRESS	111 WALNUT	
CITY-ST-ZIP	NOWATA OK 74048	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKLAND, PETER	
STREET ADDRESS	RT 3 BOX 200 N/A	
CITY-ST-ZIP	KANSAS OK 74347	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JIM HALL	
STREET ADDRESS	BOX 42 N/A	
CITY-ST-ZIP	FLETCHER OK 73544	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH BOD	
STREET ADDRESS	RT 2, BOX 247C N/A	
CITY-ST-ZIP	LOWELL AR 72745	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Lloyd A. Woollen* 1-16-97 (918) 597-2192

CR2E037 (9/96)