## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90001 002 \*\*\*\*70.00

DOC	UMENT	#	838	869

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

						11111 B1611 B1814 B1841 B	ibil 41017 (68)	
Principal Place of Business     2a. Mailing Address				<del> </del>	3. Date Incorporated or Qualifed 08/02/1977			
21		26 Suite Apt # atc	<del></del>		4. FEI Number	ΙΔ,	oplied For	
	Suite, Apt. #, etc.				73-0665495	<del></del> -	ot Applicable	
22		City & State	<del>-</del>				Additional	
City & Si	City & State City & State				5. Certifcate of Status Desired Fee Requir			
Zip	Country	·			6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30			Trust Fund Contribution	Added to Fees		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	tered Agent		
			81	Name				
	ROBERT V. SHARP			82 Street Address (P.O. Box Number is Not Acceptable)				
	101 N TAYLOR RD SEFFNER FL 33584			83				
SEFFINE	LR 1 L 33307		-			as   7:-	Codo	
			84	City		FL 85 Zip	Code	
SIGNATUR	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Ro AND DIRECTORS	egistered Agen	t signature req	ired when reinstating) DA ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 12	
TITLE	T	<b>⊠</b> DELETE	1.1 TITLE		7	Change	Additio	
NAME	DAVID J HIATT		1.2 NAME		GREG LANKSTON BOX 192 N/A KANSAS, OK 74347			
STREET AODRES	DD #0 DOV 000 N/A		1.3 STREET	ADDRESS	BOX 192 N/A		,	
CITY-ST-ZIP	KANSAS OK 74347		1.4 CITY-S		KANSAS, OK. 74347			
TITLE	SD	☐ DELETE	2.1 TITLE		<u> </u>	☐ Change	Addition	
NAME	KILLIAN, BEN		2.2 NAME					
STREET ADDRE	444 18/81 801 PF		2.3 STREET	ADDRESS	L.			
CITY-ST-ZIP	NOWATA OK 74048		2. 4 CITY-S			•		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	RODNEY D RAMSELL		3.2 NAME					
STREET ADDRE	00 40 507 000 1111		3.3 STREET	T ADDRESS				
CITY-ST-ZIP	KANSAS OK 74347		3.4. CITY- S	T-ZIP				
TITLE	PD	☐ DELETE	4.1 TITLE			Change	☐ Additio	
NAME	JIM HALL		4. 2 NAME					
STREET ADDRES	ss BOX 42 N/A		4.3 STREET	TADDRESS				
CITY-ST-ZIP	FLETCHER OK 73544	_	4.4 CITY-S	T-ZIP				
TITLE	VD	☐ DELETE	5.1 TITLE			Change	☐ Additio	
NAME	SMITH BOD		5.2 NAME	-				
STREET ADORE	ss RT 2, BOX 247C N/A		5.3 STREET	TADORESS				
City-ST-7IP	LOWELL AR 72745		5.4 CITY-S	T-ZIP				

4. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

OSIG DITTREOUTAUI KODNEY D. LAMSEA 02/20/99 1-918-597-1191

CR2E037 (11/98)

Change

Addition