

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90074 008 ****70.00

DOCUMENT # 838869

1. Entity Name
THE COOKSON HILLS CHRISTIAN SCHOOL, INC.

Principal Place of Business 3. BOX 200 OK 74347	Mailing Address ROUTE 3. BOX 200 KANSAS OK 74347-9533
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 73-0665495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT V. SHARP
101 N TAYLOR RD
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
T NAME LANKSTON, GREG STREET ADDRESS BOX 192 N/A CITY-ST-ZIP KANSAS OK 74347	<input type="checkbox"/> Delete
SD NAME KILLIAN, BEN STREET ADDRESS 111 WALNUT CITY-ST-ZIP NOWATA OK 74048	<input type="checkbox"/> Delete
D NAME RODNEY D RAMSELL STREET ADDRESS RR #3 BOX 200 N/A CITY-ST-ZIP KANSAS OK 74347	<input type="checkbox"/> Delete
PD NAME JIM HALL STREET ADDRESS BOX 42 N/A CITY-ST-ZIP FLETCHER OK 73544	<input type="checkbox"/> Delete
VD NAME SMITH BOD STREET ADDRESS RT 2, BOX 247C N/A CITY-ST-ZIP LOWELL AR 72745	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
VD NAME LANKSTON, GREG STREET ADDRESS BOX 192 CITY-ST-ZIP KANSAS, OK 74347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD NAME TOWNSEND, SID STREET ADDRESS RR #1 BOX 2119 CITY-ST-ZIP ROSE, OK 74364	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **2-17-2000** **918-597-2192 X123**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)