

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90120 010 \*\*\*\*61.25

**DOCUMENT # N00000004179**

1. Entity Name

**THE CHRISTI ACADEMY, INC.**

Principal Place of Business

**957 SW 71ST AVE  
NORTH LAUDERDALE FL 33068**

Mailing Address

**957 SW 71ST AVE  
NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

**963 SW 71st Ave**

3. Mailing Address

**963 SW 71st Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1016510**

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

**HELLWEGE, NANCY**

**957 SW 71ST AVE**

**NORTH LAUDERDALE FL 33068**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete  
NAME **JOHNSON, ROY**  
STREET ADDRESS **2701 NW 106TH DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **VPD** ☐ Delete  
NAME **KREMPLER, JEFFREY DR.**  
STREET ADDRESS **1480 NW 12TH WAY**  
CITY-ST-ZIP **N LAUDERDALE FL 33486**

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

TITLE **SD** ☒ Delete  
NAME **GYERINE, PATRICIA**  
STREET ADDRESS **2841 NE 21ST TERRACE**  
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☒ Addition  
NAME **Patricia Mislow**  
STREET ADDRESS **4931 SW 18th St**  
CITY-ST-ZIP **Ft Lauderdale, FL 33317**

TITLE **TD** ☐ Delete  
NAME **MORGAN, KATHY**  
STREET ADDRESS **3214 NE 27TH TERRACE**  
CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Change ☒ Addition  
NAME **Anthony De Vos**  
STREET ADDRESS **7565 W Sunrise Blvd**  
CITY-ST-ZIP **Plantation, Florida 33313**

TITLE **D** ☐ Delete  
NAME **HELLWEGE, NANCY**  
STREET ADDRESS **7701 SW 6TH STREET**  
CITY-ST-ZIP **N LAUDERDALE FL 33068**

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

TITLE ☐ Delete  
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:

**SIGNATURE REQUIRED**  
**Nancy C. Hellwege**

Date

**11/10/02 954-597-0645**

Daytime Phone #

CR2E037 (9/01)