

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** N00000006579

1. Entity Name

Bennett Christiansen Academy, Inc.

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91116 037 \*\*\*\*61.25

**DO NOT WRITE IN THIS SPACE**

**37342**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1239 East Main Street

Suite, Apt. #, etc.  
Suite 2

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bartow, Florida

City & State

Zip

33830

Country

Polk

Zip

Country

4. FEI Number

311751474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name Mark F. Dahle

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

5150 South Florida Avenue, A-105

City Lakeland

FL

Zip Code  
33813

**DO NOT WRITE  
IN THIS SPACE**

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

Initial or Amended UBR

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President, Director  
Dahle, Mary L.  
1239 East Main Street, Suite 2  
Bartow, Florida 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice President, Director  
Smith, Sherwood  
1239 E. Main St., Ste. 2  
Bartow, Florida 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Treasurer, Director  
Scharra, June  
1239 E. Main Street, Suite 2  
Bartow, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director  
Faret, Robert B.  
1239 E. Main Street, Suite 2  
Bartow, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director  
Meyling, Fred  
1239 E. Main St., Suite 2,  
Bartow, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director  
Judith McLaughlin  
1239 E. Main Street, Suite 2  
Bartow, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2002 863-533-5441