

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 018 ****70.00

DOCUMENT # N03000003977

1. Entity Name
FAMILY CHRISTIAN SCHOOL, INC.



Principal Place of Business
**671 BEULAH ROAD
WINTER GARDEN, FL 34787**

Mailing Address
**P.O. BOX 77051
WINTER GARDEN, FL 34777-7051**

40120300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 770698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122007

Chg-NP

CR2E037 (12/06)

City & State

City & State

WINTER GARDEN, FL

4. FEI Number

77-0599012

Applied For

Not Applicable

Zip

Country

Zip

Country

34777-0698

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAMER, CHARLES W
1411 EDGEWATER DRIVE, SUITE 100
ORLANDO, FL 32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHNEBERGER, THERESA W**
STREET ADDRESS **10615 PT. OVERLOOK DRIVE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **D** ☐ Delete
NAME **FLEMING, LISA**
STREET ADDRESS **1020 SPRING LOOP WAY**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **D** ☒ Delete
NAME **HARPER, LISA M**
STREET ADDRESS **12960 REAVES ROAD**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D SCHNEBERGER, W. SCOTT**
STREET ADDRESS **10615 PT. OVERLOOK DRIVE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
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 exemptions contained in Chapter 119, 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: Theresa W. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/07 407-656-7904
Date Daytime Phone #