

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90018 003 ****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 770698
WINTER GARDEN, FL 34777-7051**

40055000

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

77-0599012

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **SCHNEBERGER, WILLIAM S.**
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **D MACE, LEIGH ANNE**
STREET ADDRESS **5020 SANDUST CIRCLE**
CITY - ST - ZIP **OCFEE, FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **D SUMMERS, ANDREA**
STREET ADDRESS **16817 RIDGEWOOD AVE.**
CITY - ST - ZIP **MONTVERDE, FL 34756**

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 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: *William S. Schnberger* **William S. SCHNEBERGER** 2/25/08 407.656.7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #