2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # N03563** 1. Entity Name BRADENTON CHRISTIAN SCHOOL FOUNDATION, INC. 02-05-2000 90036 020 ****61.25 Principal Place of Business Mailing Address 3304 43RD STREET, WEST 3304 43RD STREET, WEST **BRADENTON FL 34209-6226** BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2524197 Not Apolii Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WICHERS, WILBERT 2604 PALMA SOLA BV **BRADENTON FL 34209** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. X Delete TITLE TITLE NAME WALDO, DOUGLAS VAN DER NOORD, HARRY NAME STREET ADDRESS 5720 3RD AVE. W. STREET ADDRESS 1717 71ST ST., N.W. CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP **BRADENTON FL** Change Ch TITLE Delete TITLE WESTRA, DONALD NAME TUTSCHULTE, ROBERT W. NAME 6112 SHORE ACRES STREET ADDRESS STREET ADDRESS 1916 38 ST W CITY-ST-ZIP-_ BRADENTON, FL 34209-- 👡 CITY-ST-ZIP_ **BRADENTON FL** □ * · · · · · · X Delete ∇ Change TITLE SD TITLE FISHER, DANIEL 5403 3RD AVE.DR.N.W. NAME WILSON, STEVE NAME STREET ADDRESS STREET ADDRESS 2033 79TH STREET, NW BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-7IP BRADENTON FL _____ TITLE Delete TITLE ☐ Change NAME WICHERS, WILBERT STREET ADDRESS STREET ADDRESS 2604 PALMA SOLA BLVD. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Delete ☐ Change # 3 2 2 x - . TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLĖ ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: