FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # N05605 (3)

1. Corporation Name
AUCILLA CHRISTIAN ACADEMY BOOSTERS, INC.

Principal Place of Business	Mailing Address
240 W. WASHINGTON ST. MONTICELLO FL 32344	240 W. WASHINGTON ST. MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1984
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2435410 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MILLER, GEORGE
240 W WASHINGTON STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE PD	DANNY O'QUINN	☑ Change ☐ Addition
NAME	BANASWICZ, JOE	1.2 NAME	P.O. Box 633 N/A	
STREET ADDRESS	PO BOX 411 N/A	1.3 STREET ADDRESS	Greenville, Fla. 32331	
CITY-ST-ZIP	MONTICELLO FL 32344	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE VD	JOHN LOWE	☑ Change ☐ Addition
NAME	WATSON, BILLY	2.2 NAME	Rt 2, Box 238-A	
STREET ADDRESS	2389 PABGE RD.	2.3 STREET ADDRESS	Monticello, Fla. 32344	
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE STD	A. P. Beggs, Jr.	☑ Change ☐ Addition
NAME	BEGGS, ASHLEY P	3.2 NAME	P. O. Box 485 N/A	
STREET ADDRESS	301 NO. ORANGE	3.3 STREET ADDRESS	Monticello, Fla. 32344	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE PPD.	JOE BANASWICZ	☐ Change ☐ Addition
NAME		4.2 NAME	P.O. Box 411 N/A	
STREET ADDRESS		4.3 STREET ADDRESS	Monticello, Fla. 32344	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE D	Note: New Officers will	☐ Change ☐ Addition
NAME		5.2 NAME	Take over 6/1/95	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: [signature] PRESIDENT — JOE B BANASWICZ 1/25/95 9972677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002371