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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05605

1. Corporation Name
AUCILLA CHRISTIAN ACADEMY BOOSTERS, INC.

604730 - 90003 - 25

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/10/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2435410 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	☑ DELETE	1.1 TITLE	PRES. D	☐ Change ☑ Addition
NAME	BEGGS, A.P. JR.		1.2 NAME	BRUCE MITCHELL	
STREET ADDRESS	P.O. BOX 485 N/A		1.3 STREET ADDRESS	Rt 4 Box 40320	
CITY-ST-ZIP	MONTICELLO FL 32344		1.4 CITY-ST-ZIP	Monticello FL 32344	
TITLE	ST	☑ DELETE	2.1 TITLE	VP D	☐ Change ☑ Addition
NAME	BIPPUS, WILLIAM E JR		2.2 NAME	JERRY KING	
STREET ADDRESS	810 W WASHINGTON ST		2.3 STREET ADDRESS	Rt 1	
CITY-ST-ZIP	MONTICELLO FL 32344		2.4 CITY-ST-ZIP	Lamont, FL 32336	
TITLE	PPD	☑ DELETE	3.1 TITLE	Tres. D	☐ Change ☑ Addition
NAME	BANASWICZ, JOE		3.2 NAME	Bill Gunnels	
STREET ADDRESS	P.O.BOX 411 N/A		3.3 STREET ADDRESS	800 S. Jefferson St.	
CITY-ST-ZIP	MONTICELLO FL		3.4 CITY-ST-ZIP	Monticello, FL 32344	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #