

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N09285

FILED
Feb 14, 2003
Secretary of State

Entity Name: PROVIDENCE CHRISTIAN SCHOOL ASSOCIATION, INC.

Current Principal Place of Business:

701 MOHAWK PARKWAY
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

701 MOHAWK PARKWAY
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2578577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUE, CHARLES A
5601 MERLYN LANE
CAPE CORAL, FL 33914

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHUE, CHARLES
Address: 5601MERLYN LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: HOLLOWAY, JIM
Address: 5025 SW 11 CT
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: DAVIS, ALLYN
Address: 1519 SW 29TH TER
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: SCHNEIDER, LYNN
Address: 602 SW 39TH TER
City-St-Zip: CAPE CORAL, FL 33914

Title: C () Delete
Name: TRUITT, CURT
Address: 5636 MONTILLA DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: STARNER, DARLENE
Address: 110 NE 9TH CT
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: TURLEY, KIM
Address: 1209 SW 18TH TER
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SHUE

D

02/14/2003

Electronic Signature of Signing Officer or Director

Date