

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N12204** (6)

1. Corporation Name

BRICKELL CHRISTIAN SCHOOL, INC.



Principal Place of Business

Mailing Address

**609 BRICKELL AVE.
MIAMI FL 33131**

**609 BRICKELL AVE.
MIAMI FL 33131**

3. Date Incorporated or Qualified

11/21/1985

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2614895

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOSFORD, JEAN C.
609 BRICKELL AVE.
MIAMI FL 33131**

81 Name

Mrs. Margaret K. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

609 Brickell Avenue

83

84 City

Miami

FL

85 Zip Code

33131

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

Margaret K. Johnson

(NOTE: Registered Agent signature required when reappointing)

3-14-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HOSFORD, JEAN	
STREET ADDRESS	8020 SW 99TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FOX, JEAN S.	
STREET ADDRESS	6650 SW 56TH ST., #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	TARR, DR. DENNIS L.	
STREET ADDRESS	1801 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mrs. Johan Askowitz	
13 STREET ADDRESS	9510 S.W. 136th Street	
14 CITY-ST-ZIP	Miami, FL. 33176	
21 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mrs. Maria Padovan-Zangari	
23 STREET ADDRESS	265 Grapetree Drive # 123	
24 CITY-ST-ZIP	Key Biscayne, FL. 33149	
31 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Dr. Rebecca R. Fewell	
33 STREET ADDRESS	5520 Orduna Drive	
34 CITY-ST-ZIP	Coral Gables, FL. 33146	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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.

SIGNATURE:

Margaret K. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margaret K. Johnson

March 14, 1996

Date

(305)577-3073

Telephone Number

CR2E037 (12/95)