


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 037 ****70.00

DOCUMENT # N21330 1. Entity Name FIRESIDE CHRISTIAN ACADEMY, INC.					
Principal Place of Business 6280 150TH AVE N. CLEARWATER, FL 33760 US			Mailing Address 6280 150TH AVE N. CLEARWATER, FL 33760 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2887884	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIND, PATRICIA S 6280 -150AVE N. CLEARWATER, FL 33760				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Patricia S Lind</u> <u>President</u> <u>3/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC LIND, PATRICIA S 12847 66TH ST N LARGO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC LIND, PATRICIA, S. 6280-150 AVE NO. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DOROTHE R. 6280 150 AVE N. CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIND, MARK P 6280 150 AVE N. CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV LIND, MARK 6280-150 AVE NO. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIND, DAVID P 6280 150 AVE N. CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUFMANN BRUCE 6280-150 AVE NO. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEUL, JUDY 6280-150 AVE NO CLEARWATER FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u>Patricia S Lind</u> <u>Patricia S Lind</u> <u>3/18/04</u> <u>727-539-1881</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02042004 Chg-NP CR2E037 (10/03)