FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997DOCUMENT #

N27385

(6)

1. Corporation	ii Name	` '					
SAND LAKE CHRISTIAN ACADEMY, INC.							
Principal Place	e of Business	Mailing Address		4 () DO () () () () () () () () () (DIII 04011 0704 0101 0101 0104 0104 0104 4		
C/O CHRIS A. MAXWELL 5838 HOFFNER AVENUE ORLANDO FL 32822		C/O CHRIS A. MAXWELL 5838 HOFFNER AVENUE ORLANDO FL 32822-4815					
				3. Date Incorporated or Qualified 07/12/1988	3a. Date of Last Report 05/01/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-2900354	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23				Trust Fund Contribution			
Ζίρ	Country Zip		n	ıry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre	29 int Registered Agent	30		10, Name and Address of New Re		
			8	1 Name		<u></u>	
HALL, LESLIE S.			8	12 Street A	Address (P.O. Box Number is Not Acceptab	ole)	
	OFFNER AVE		l e	3			
UHLANL	OO FL 32822						
			Į8	City		FL 85 Zip Code	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Horida. Such change was	authorized	by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered	
SIGNATURE		the state of the s					
12.	Signature, typed or purited name of registered no OLFICERS AN	VD DIRECTORS	I 13.	ageni segnature r	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DER'S AND DIRECTORS IN 12	
TITLE	D	DELETE	11100	7	Activities to grant of the control of the	Change Addition	
NAME	MAXWELL, CHRIS A.		1.2 NAME			•	
STREET ADDRESS	5021 SIMMONS RD		13 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		14 CITY	-S1-ZIP			
TITLE	DP	DP 🔲 DELETE 2		E	DP	X Change Addition	
NAME	HALL, LESLIE S.		2 2 NAM	IE	Hall, Leslie S.		
STREET ADDRESS	5399 SKELLY SQUARE		2.3 STRE	FT ADDRESS		#5	
CITY-ST-ZIP	UKLANDU FL		2.40(1)	Y-ST-ZIP	4415 S. Semoran Blvd. Orlando, FL 32822	. 1/ 3	
TITLE	D	☐ DELETE	3 1 TITLE	E		Change Addition	
NAME	MAXWELL, DEBORAH O.		3 2 NAM	E			
STREET ADDRESS	5021 SIMMONS RD		3 3 S1RE	:F1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		r - S1 - ZIP			
TITLE	DT	L DELETE	4.1 TITLE		D T	Change L_ Addition	
NAME OTRECT ARRESTS	HALL, LINDA D. 5399 SKELLY SQUARE		4. 2 NAN		Hall, Linda D.	u	
STREET ADDRESS	ORLANDO FL			E1 ADDRESS	4415 S. Semoran Blvd.	. #5	
CITY-SI-ZIP TITLE			4.4 CITY 5.1 TITLE	- ST- ZIP	Orlando, FL 32822	Change Addition	
NAME	WILLIAMS, BOB		5.2 NAM			— comigo — — codicon	
STREET ADDRESS	40.000 50.00444 67			ET ADDRESS			
CITY-ST-ZIP	A-1 111-A-1			- ST- ZIP			
TITLE			6.1 3111.0			Change Addition	
NAME	WILLIAMS, MARILYN	_	6.2 NAM			_ •	
STREET ADDRESS	10420 LEHMAN ST			ET ADDRESS			
- 1	ODI ANDO EL						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.