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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27385** (6)

1. Corporation Name

SAND LAKE CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

**C/O CHRIS A. MAXWELL
5838 HOFFNER AVENUE
ORLANDO FL 32822**

**C/O CHRIS A. MAXWELL
5838 HOFFNER AVENUE
ORLANDO FL 32822**



3. Date Incorporated or Qualified

07/12/1988

4. FEI Number

59-2900354

Applied For

Not Applicable

2. Principal Place of Business

21 C/O Les Hall

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32822

Country

25 USA

2a. Mailing Address

26 5838 Hoffner Ave.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, LESLIE S.
5838 HOFFNER AVE
ORLANDO FL 32822**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
MAXWELL, CHRIS A.
5021 SIMMONS RD
ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

**PD
HALL, LESLIE S
4415 S. SEMORAN BLVD., #5
ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition

**D
HALL, LESLIE S
4415 S SEMORAN BLVD. #5
ORLANDO FL 32822**

TITLE ☐ DELETE

**D
MAXWELL, DEBORAH O.
5021 SIMMONS RD
ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

**TD
HALL, LINDA D.
4415 S. SEMORAN BLVD., #5
ORLANDO FL**

4.1 TITLE ☒ Change ☐ Addition

**D
HALL, LINDA D
4415 S SEMORAN BLVD #5
ORLANDO FL 32822**

TITLE ☐ DELETE

**D
WILLIAMS, BOB
10420 LEHMAN ST
ORLANDO FL**

5.1 TITLE ☒ Change ☐ Addition

**PD
WILLIAMS, BOB
10420 LEHMAN ST
ORLANDO FL 32825**

TITLE ☐ DELETE

**D
WILLIAMS, MARILYN
10420 LEHMAN ST
ORLANDO FL**

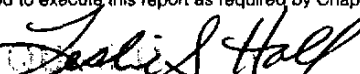
6.1 TITLE ☒ Change ☐ Addition

**TD
WILLIAMS, MARILYN
10420 LEHMAN ST
ORLANDO FL 32825**

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.

SIGNATURE:

Leslie S. Hall, Director



4/23/98

(407) 275-0046

CR2E037 (10/97)