

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 034 ****61.25

DOCUMENT # N27385

1. Corporation Name

SAND LAKE CHRISTIAN ACADEMY, INC.

Principal Place of Business

C/O LES HALL
5838 HOFFNER AVENUE
ORLANDO FL 32822
US

Mailing Address

5838 HOFFNER AVE
ORLANDO FL 32822
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/12/1988

4. FEI Number

59-2900354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

HALL, LESLIE S.
5838 HOFFNER AVE
ORLANDO FL 32822

10. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, CHRIS A.	
STREET ADDRESS	5021 SIMMONS RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, LESLIE S	
STREET ADDRESS	4415 S. SEMORAN BLVD., #5	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, DEBORAH O.	
STREET ADDRESS	5021 SIMMONS RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, LINDA D.	
STREET ADDRESS	4415 S. SEMORAN BLVD., #5	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BOB	
STREET ADDRESS	10420 LEHMAN ST	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MARILYN	
STREET ADDRESS	10420 LEHMAN ST	
CITY-ST-ZIP	ORLANDO FL 32825	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MASCARENHAS, FRANZ	
1.3 STREET ADDRESS	7200 PERSHING AVE.	
1.4 CITY-ST-ZIP	ORLANDO FL 32822	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MASCARENHAS, CYNTHIA	
2.3 STREET ADDRESS	7200 PERSHING AVE.	
2.4 CITY-ST-ZIP	ORLANDO FL 32822	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CESARANO, MICHAEL	
3.3 STREET ADDRESS	100 PALERMO AVE S	
3.4 CITY-ST-ZIP	ORLANDO FL 32825	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CESARANO, RENEE	
4.3 STREET ADDRESS	100 PALERMO AVE S	
4.4 CITY-ST-ZIP	ORLANDO FL 32825	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Maxwell Chris A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-99 255-0046

0001657

CR2E037 (5/99)