FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:02

DOCUMENT # **N31345** (4)

1. Corporation Name

SUWANNEE RIVER VALLEY CHRISTIAN ACADEMY PRIVATE SCHOOL SYSTEM, INC.

Principal Place of Business	Mailing Address
PO BOX 1269 TRENTON FL 32690 US	PO BOX 1269 TRENTON FL 32690 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2905305 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REED, RICK
COUNTY ROAD 341
TRENTON FL 32693

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rickey D. Reed 4/25/95
Signature of Registered Agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	AGM
NAME	REED, RICK
STREET ADDRESS	COUNTY ROAD 341 N/A
CITY-ST-ZIP	TRENTON FL
TITLE	D
NAME	MOTT, WILLIAM
STREET ADDRESS	P O BOX 1427 NA
CITY-ST-ZIP	OLD TOWN FL
TITLE	D
NAME	SHIPLEY, VICTOR
STREET ADDRESS	RT. 1, BOX 1007 N/A
CITY-ST-ZIP	TRENTON FL
TITLE	D
NAME	COUNTRYMAN, JIM
STREET ADDRESS	~~RT 3 BOX 404~~ 393
CITY-ST-ZIP	CHIEFLND FL
TITLE	D
NAME	MATHIS, EARL
STREET ADDRESS	~~RT 4 BOX 404~~ 6451 NW 93rd Court
CITY-ST-ZIP	CHIEFLND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☐ Addition
12 NAME	Coarsey, Carla	
13 STREET ADDRESS	P.O. Box 53 NA	
14 CITY-ST-ZIP	Trenton, FL. 32693	
21 TITLE	D	☐ Change ☐ Addition
22 NAME	Padilla, Frank	
23 STREET ADDRESS	P.O. Box 40 NA	
24 CITY-ST-ZIP	~~Bell, FL. 32619~~	
31 TITLE	D	☐ Change ☐ Addition
32 NAME	Reed, Rick	
33 STREET ADDRESS	P.O. Box 186 NA	
34 CITY-ST-ZIP	Bell, FL 32619	
41 TITLE	D	☐ Change ☐ Addition
42 NAME	Countryman, Jim	
43 STREET ADDRESS	12252 NE 36th Ave. ~~Route 3 Box 393~~	
44 CITY-ST-ZIP	Chiefland, Fl 32626	
51 TITLE	D	☐ Change ☐ Addition
52 NAME	Ingram, Lascella	
53 STREET ADDRESS	P.O. Box 459 NA	
54 CITY-ST-ZIP	Bell, FL 32619	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

REMITTED BY MAY 1

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: Rickey D Reed 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0030341