

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N31345 (4)**

1. Corporation Name

**SUWANNEE RIVER VALLEY CHRISTIAN ACADEMY PRIVATE  
SCHOOL SYSTEM, INC.**

Principal Place of Business

**PO BOX 4269-8149 SW. CR 341  
TRENTON FL 32693  
US**

Mailing Address

**8149 SW. CR 341  
PO BOX 4269-  
TRENTON FL 32693  
US**



3. Date Incorporated or Qualified  
**03/23/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 8149 SW Country Road 26 8149 SW Country Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 341**

**27 341**

City & State

City & State

**23 Trenton, FL**

**28 Trenton, FL**

Zip

Country

Zip

Country

**24 32693**

**25 Gilchrist**

**29 32693**

**30 Gilchrist**

9. Name and Address of Current Registered Agent

**REED, RICK REV. / RANK PADILLA  
COUNTY ROAD 341 8149 SW. CR 341  
TRENTON FL 32693**

10. Name and Address of New Registered Agent

**81 Name Frank Padilla**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**8149 SW Country Road 341**  
**83**  
**84 City**  
**Trenton**  
**85 Zip Code**  
**FL 32693**

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 **Frank Padilla**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	COARSEY, CARLA	P.O. BOX 53 N/A	TRENTON FL	<input type="checkbox"/>
D	PADILLA, FRANK	P.O. BOX 40 N/A	BELL FL	<input checked="" type="checkbox"/>
D	REED, RICK	P.O. BOX 186 N/A	BELL FL	<input type="checkbox"/>
D	COUNTRYMAN, JIM	12252 NE 30TH AVE.	CHIEFLND FL	<input checked="" type="checkbox"/>
D	INGRAM, LASCELLA	P.O. BOX 459 N/A	BELL FL	<input type="checkbox"/>
D	MATHIS, EARL	6451 NW 52ND COURT	CHIEFLND FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
D	Cook, Rhonda	P.O. Box 1914 N/A	Chiefland, FL 32626	D	Mott, William	P.O. Box 1427 N/A	Old Town, FL 32680																

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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:

**Frank Padilla**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96**

Date

Daytime Phone #

CR2E037 (12/95)