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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

8149 SW COUNTRY RD
341
TRENTON FL 32693
US

8149 SW COUNTRY RD
341
TRENTON FL 32693
US

3. Date Incorporated or Qualified
03/23/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PADILLA, FRANK REV
8149 SW COUNTRY RD. 341
TRENTON FL 32693

81 Name Liz Mucciarone

82 Street Address (P.O. Box Number is Not Acceptable)
904 So. Main St

83

84

City Trenton,

FL

85 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 Liz Mucciarone Administration

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COARSEY, CARLA
STREET ADDRESS P.O. BOX 53 N/A
CITY-ST-ZIP TRENTON FL

DELETE

TITLE D
NAME MOTT, WILLIAM
STREET ADDRESS P.O. BOX 1427 N/A
CITY-ST-ZIP OLD TOWN FL 32680

DELETE

TITLE D
NAME REED, RICK
STREET ADDRESS P.O. BOX 186 N/A
CITY-ST-ZIP BELL FL

DELETE

TITLE D
NAME MOTT, WILLIAM
STREET ADDRESS P.O. BOX 1427 N/A
CITY-ST-ZIP OLD TOWN FL 32680

DELETE

TITLE D
NAME INGRAM, LASCELLA
STREET ADDRESS P.O. BOX 459 N/A
CITY-ST-ZIP BELL FL

DELETE

TITLE D
NAME MATHIS, EARL
STREET ADDRESS 6451 NW 52ND COURT
CITY-ST-ZIP CHIEFLND FL

DELETE

1.1 TITLE D
1.2 NAME Rhonda Cook
1.3 STREET ADDRESS P.O. Box 1914 N/A
1.4 CITY-ST-ZIP Chielfland, FL 32626

Change Addition

2.1 TITLE D
2.2 NAME Rodney Cumbie
2.3 STREET ADDRESS R1 Box 301X
2.4 CITY-ST-ZIP Bell, FL 32619

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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.

Liz Mucciarone

CR2E037 (9/96)