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Mar 09 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 # **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

4. FEI Number

59-2905305

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

**MUCCARONE, LIZ
904 SO MAIN ST
TRENTON FL 32693**

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

Liz Mucciarone
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	D	<input checked="" type="checkbox"/> DELETE
NAME	COARSEY, CARLA	
STREET ADDRESS	P.O. BOX 53 N/A	
CITY-ST-ZIP	TRENTON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTT, WILLIAM	
STREET ADDRESS	P.O. BOX 1427 N/A	
CITY-ST-ZIP	OLD TOWN FL 32680	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, RICK	
STREET ADDRESS	P.O. BOX 186 N/A	
CITY-ST-ZIP	BELL FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, RHONDA	
STREET ADDRESS	P.O. BOX 1914 N/A	
CITY-ST-ZIP	CHEIFLND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	INGRAM, LASCELLA	
STREET ADDRESS	P.O. BOX 459 N/A	
CITY-ST-ZIP	BELL FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHIS, EARL	
STREET ADDRESS	6451 NW 52ND COURT	
CITY-ST-ZIP	CHEIFLND FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark Bishop
1.3 STREET ADDRESS	Route 2 Box 285
1.4 CITY-ST-ZIP	6559 SE CR 337 Trenon, FL 32693

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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.

SIGNATURE:

Liz Mucciarone
Signature typed or printed name of registered agent and title if applicable.

2/24/98

(352) 463-1569

CR2E037 (10/97)