


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90174 042 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31345**

1. Corporation Name

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

Principal Place of Business

8149 SW COUNTRY RD  
341  
TRENTON FL 32693  
US

Mailing Address

8149 SW COUNTRY RD  
341  
TRENTON FL 32693  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/23/1989

4. FEI Number

59-2905305

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

9. Name and Address of Current Registered Agent

**MUCCIARONE, LIZ**  
904 SO MAIN ST  
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 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/Administrator

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, MARK	
STREET ADDRESS	RT 2 BOX 285 6559 SE CR 337	
CITY-ST-ZIP	TRENTON FL 32693	

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	CHIEFLND 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 checked="" type="checkbox"/> DELETE
NAME	MATHIS, EARL	
STREET ADDRESS	6451 NW 52ND COURT	
CITY-ST-ZIP	CHIEFLND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cumbie, Rodney	
1.3 STREET ADDRESS	Rt. 1 Box 301X	
1.4 CITY-ST-ZIP	Bell, FL. 32619	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas, Robin	
2.3 STREET ADDRESS	Rt. 1 Box 817-P	
2.4 CITY-ST-ZIP	Newberry, FL 32669	

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, with all other like empowered.

SIGNATURE: Liz Mucciarone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

(352) 463-1569

Daytime Phone #

CR2E037 (1/98)