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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37019 (9)

1. Corporation Name

HALLANDALE CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

%GINGER SAUTER  
220 SW 6TH AVE  
HALLANDALE FL 33009-5322%GINGER SAUTER  
220 SW 6TH AVE  
HALLANDALE FL 33009-53223. Date Incorporated or Qualified  
03/07/19903a. Date of Last Report  
06/17/1996

4. FEI Number

65-0219498

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, WILLIAM G JR  
315 SE 7 ST, STE 303  
FT. LAUDERDALE FL 33301

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

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 DP ☐ DELETE  
NAME CRAWFORD, WILLIAM  
STREET ADDRESS 315 SE 7TH STREET, SUITE 303  
CITY-ST-ZIP FT LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME SIMON, JOHN  
STREET ADDRESS 2935 WASHINGTON RD  
CITY-ST-ZIP WEST PALM BEACH FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Kendal Taylor  
2.3 STREET ADDRESS 2935 Washington Rd.  
2.4 CITY-ST-ZIP West Palm Beach, FLTITLE D ☐ DELETE  
NAME OHARA, DEE  
STREET ADDRESS 100 SE 2ND AVE  
CITY-ST-ZIP FT LAUDERDALE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME WELSH, ELEANOR  
STREET ADDRESS 2414 NE 13 COURT  
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME WELSH, ELEANOR  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022528

CP2E037 (9/96)