FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(0)

FAITH CHRISTIAN SCHOOL OF SARASOTA, INC.

Apr 29 1998 8:00am							
Secretary of State							

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Principal Pla	ce of Business	Malling Address			li
2105 WORRIN SARASOTA FI		% H. Greg Lee 2014 Fourth St. Sarasota Fl. 34223-7		3. Date Incorporated or Qualified 04/30/1990 4. FEI Number	
				4. FEI Number Applied For 65-0190773 Not Applied	-
<u> </u>	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additiona	-
21		26		Fee Required	
Suite, Apl	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
City & Sta	te	City & State		Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?	\dashv
23		28		Yes Q No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	[29] [3 of Current Registered Agent	30]	Personal Property Tax due June 30. Yes No	
<u></u>	9, Mame and Address	or Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	0000				
LEE, H			82 Street	ad C. Schneider Address (P.O. Box Number is Not Acceptable)	
	OURTH STREET		83	S. Tuttle Ave., Ste. #2	
) OAITAG	OTA FL 34237				
			64 City	casota FI. FL 85 Zip Code	
11. Pursuant	to the provisions of Section	s 617.0502 and 617.1508. Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its register	red
office or	registered agent, or both, in am familiar with, and accept	the State of Florida, Such change was au	thorized by the corp	poration's board of directors. I hereby accept the appointment as registere	ď
SIGNATURE		Manda	_	Schneider 2/10/49	
SIGNATURE	Signature, typed or printed name of re	egistered agent and title it applicable. (NOTE:	Registered Agent signature	re required when reinstating) DATE	-
12.	· · · · · · · · · · · · · · · · · · ·	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\Box
TITLE	D	DELETE	1.1 TITLE	D Change Addi	illon
NAME	WHITE, R.P.		1.2 NAME	CHEEK, JON	
STREET ADDRESS	3975 SHELL RO. SARASOTA FL		1.3 STREET ADDRESS	3526 SEA VIEW ST.	
TITLE	D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	SARASOTA FL	tion
NAME	COOPER, ANDY		2.2 NAME	Change Change	LIGHT.
STREET ADDRESS	2523 RIVERVIEW CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP		1
TITLE	D	☑ DELETE	3.1 TITLE	D Z Change Addi	tion
NAME	BROOKS, JEFFREY H		3.2 NAME	LITZELL, HARRY	
STREET ADDRESS	4848 BUSS AVENUE		3.3 STREET ADDRESS	2233 FLORINDA SY.	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	SARASOTA FL	
TITLE	1	☐ DELETE	4.1 TITLE	Change Addi	tion
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addi	tion
NAME			5.2 NAME		HUI
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	ľ		6.4 CITY-ST-ZIP		
TITLE		☐ DELETE	B.1 TITLE	☐ Change ☐ Addii	tion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1
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I nereby 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 informatio 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:

THE COUNTY D

4/21/48

(941) 921-7210