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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37938**

1. Corporation Name
FAITH CHRISTIAN SCHOOL OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2105 WORRINGTON ST. SARASOTA FL 34231	% H. GREG LEE 2014 FOURTH ST. SARASOTA FL 34223-7

2. Principal Place of Business 21	2a. Mailing Address 26 2105 Worrington Street	3. Date Incorporated or Qualified 04/30/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0190773 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Sarasota, Fl.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 34231 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNEIDER, FRED C. 22 S. TUTTLE AVE, SUITE 2 SARASOTA FL 34237	81 Name: Mrs. Marianne Bottiglieri 82 Street Address (P.O. Box Number is Not Acceptable): %Faith Christian 2105 Worrington Street 83 Sarasota, Florida 34231 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: Marianne Bottiglieri 4/6/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEEK, JON 3526 SEA VIEW ST SARASOTA FL	XXX ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Maddox, Bill 1041 Citrus Avenue Sarasota, Fl. 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, ANDY 2523 RIVERVIEW CT SARASOTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Dan McKenrick 4676 Hamlets Grove Drive Sarasota, Fl. 34235	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITZELL, HARRY ~~2283 FLORIDA ST~~ 6217 Goldfinch St. ~~34241~~ SARASOTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Ron Aung-Din 7286 Frisco Lane Sarasota, Fl. 34241	☐ Change XXX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Administrator Marianne Bottiglieri 5920 Colonial Drive Sarasota, Fl. 34231	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Marianne Bottiglieri **SIGNATURE REQUIRED** 1/7/99 (941)921-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marianne Bottiglieri