

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90089 026 ****61.25

DOCUMENT # N37938

1. Entity Name

FAITH CHRISTIAN SCHOOL OF SARASOTA, INC.**723123**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2105 WORRINGTON ST. SARASOTA FL 34231	2105 WORRINGTON ST. SARASOTA FL 34231

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0190773	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
BOTTIGLIERI, MARIANNA C/O FAITH CHRISTIAN 2105 WORRINGTON ST SARASOTA FL 34231

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code
DANIEL J. MCKENRICK C/O FAITH CHRISTIAN SCHOOL 2105 WORRINGTON ST SARASOTA FL 34231

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE	DATE
DANIEL J. MCKENRICK <i>Daniel J. McKenrick</i>	01/25/01

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HASSE, JAN
STREET ADDRESS	4729 OLD STONE RD
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	D
NAME	COOPER, ANDY
STREET ADDRESS	2523 RIVERVIEW CT
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	LITZELL, HARRY
STREET ADDRESS	6217 GOLDFINCH ST
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D
NAME	MADDOX, BILL
STREET ADDRESS	1041 CITRUS AVE
CITY-ST-ZIP	SARASOTA FL 34235
TITLE	D
NAME	MCKENRICK, DAN
STREET ADDRESS	4676 HAMLETS GROVE DR
CITY-ST-ZIP	SARASOTA FL 34235
TITLE	D
NAME	PARKER, JIM
STREET ADDRESS	890 FAULKWOOD CT
CITY-ST-ZIP	SARASOTA FL 34232

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DATE	DAYTIME PHONE #
<i>William E. Maddox</i>	1/23/01	941-955-7358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)