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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra Bandortham. Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N38020 (6) 1. Corporation Name COMMUNITY CHRISTIAN SCHOOLS OF PINELLAS, INC. Principal Place of Business Mailing Address ** KENT F. AUSTIN JR. 40 DICK BAKER MINISTRANSIN JR. 40 DICK BAKER								
aim natu	91 N	9100 113TH ST N	•	NCBA	KEK			
SEMINOLE F	rL 34042	SEMINOLE FL 3464	12			3. Date incorporated or Qualified 05/07/1990	3a. Date of La 01/30	
. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number 59-3010051	0.1,50	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc				Certificate of Status Desired	\$8.	Not Applicable 75 Additional
City & Stat	te	27 City & State	-			6. Election Campaign Financing	\$5	e Required
Zip	Country	Zip	1 0	ountry		Trust Fund Contribution 6. This corporation has liability for it	L Ad	ded to Fees
	25 9. Name and Address of Curre	29 Int Registered Agent	30	·			☐ Yes ☐ No	8. 199.002,
			·	81 Name		o. Haile and Address of New Mi	agistered Agent	
1	, JOSEPH			82 Street	Address	(P.O. Box Number is Not Acceptable	le)	
12349 7	79 PL N DLE FL 34042			83				
SEMHIC	JLE FE 34042							
				84 City			F-1 1 1	Zip Code
ramiliar w		tion 617 0503 Florida State	MIZOU DY III	corporation s	board of	submits this statement for the purp directors. I hereby accept the appo	ontment as register	ed agent. I am
GNATURE	Signalure, typed or profiled name of registered ager		uies.	ed Agent signature		reinstating)	DATE	
GNATURE	Signalure, typed or prilled name of registered ager OFFICERS AN	it and title if applicable.	NOTE Register	ed Agent signature	required when	neinstatingl ADDITIONS/CHANGES TO OFFI	DATE	TORS IN 12
GNATURE LE	Signalure, typed or prilled name of registered ager OFFICERS AN A BAKER, DICK	it and title if applicable. ID DIRECTORS	(NOTE Register 13	ed Agent signature 3. TITLE NAME	required whe	n reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIREC	TORS IN 12
GNATURE LE ME REEI ADORESS	Signalure, typed or prilled name of registered ager OFFICERS AN	it and title if applicable. ID DIRECTORS	(NOTE Register 13 1.1 1.2 1.3	ed Agent signature 3. TITLE NAME STREET ADDRESS	required whe	n reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIREC	TORS IN 12
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DICK BAKER

SIGNATURE:

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