

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N38020** (6)  
1. Corporation Name  
**COMMUNITY CHRISTIAN SCHOOLS OF PINELLAS, INC.**



Principal Place of Business Mailing Address  
~~1~~ **KENT F. AUSTIN JR. % DICK BAKER**  
9100 113TH ST N  
SEMINOLE FL 34642  
**% KENT F. AUSTIN JR % DICK BAKER**  
9100 113TH ST N  
SEMINOLE FL 34642

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3010051</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JUDICE, JOSEPH**  
12349 79 PL N  
SEMINOLE FL 34042

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>A</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, DICK</b>	1.2 NAME	<b>CHARLES HALL</b>
STREET ADDRESS	<b>9100 113 ST. N</b>	1.3 STREET ADDRESS	<b>13300 WALSHINGHAM RD. #92</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>	1.4 CITY - ST - ZIP	<b>LARGO, FL. 34644</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBSON, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>1240 15TH CT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LARGO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, BILL</b>	3.2 NAME	
STREET ADDRESS	<b>8903 COUNTRY SQUARE DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEMINOLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDICE, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>12349 79 PL N</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEMINOLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>800001747648</b>
NAME		5.2 NAME	<b>-03/18/96--01102--0113</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***61.25</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dick Baker **DICK BAKER** 1/27/96 813-392-0924

CR2E037 (12/95)