

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 17 1997 8:00am
Secretary of State**DOCUMENT # N38020 (6)**
1. Corporation Name
COMMUNITY CHRISTIAN SCHOOLS OF PINELLAS, INC.Principal Place of Business
% DICK BAKER
9100 113TH ST N
SEMINOLE FL 34642
Mailing Address
% DICK BAKER
9100 113TH ST N
SEMINOLE FL 33772-28053. Date Incorporated or Qualified
05/07/1990
3a. Date of Last Report
03/18/19962. Principal Place of Business
21
2a. Mailing Address
264. FEI Number
59-3010051
Applied For
☐ Not ApplicableSuite, Apt. #, etc.
22
Suite, Apt. #, etc.
275. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**City & State
23
City & State
286. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**Zip
24 33772
Country
25
Zip
29
Country
308. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUDICE, JOSEPH
12349 79 PL N
SEMINOLE FL 3404281 Name
ALAN ROBSON
82 Street Address (P.O. Box Number is Not Acceptable)
1240 15TH CT. S.W.
83
84 City
LARGO
FL 85 Zip Code
33771

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

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
A
NAME
BAKER, DICK
STREET ADDRESS
9100 113 ST. N
CITY-ST-ZIP
SEMINOLE FL
☐ DELETE1.1 TITLE
☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE
D
NAME
ROBSON, ALAN
STREET ADDRESS
1240 15TH CT
CITY-ST-ZIP
LARGO FL
☐ DELETE2.1 TITLE
☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE
D
NAME
HALL, CHARLES
STREET ADDRESS
13300 WALSINGHAM RD #92
CITY-ST-ZIP
LARGO FL 34644
☐ DELETE3.1 TITLE
☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
DP
NAME
JUDICE, JOSEPH
STREET ADDRESS
12349 79 PL N
CITY-ST-ZIP
SEMINOLE FL
☐ DELETE4.1 TITLE
☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director
DICK BAKERDate
1/1/97Daytime Phone # **813-392-0924**
0051711

CR2E037 (9/96)