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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38020 (6)

1. Corporation Name
COMMUNITY CHRISTIAN SCHOOLS OF PINELLAS, INC.



Principal Place of Business % DICK BAKER 9100 113TH ST N SEMINOLE FL 33772 US	Mailing Address % DICK BAKER 9100 113TH ST N SEMINOLE FL 34842
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3. Date Incorporated or Qualified 05/07/1990	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3010051		

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBSON, ALAN
1240 15TH CT SW
LARGO FL 33771**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	A	<input type="checkbox"/> DELETE
NAME	BAKER, DICK	
STREET ADDRESS	9100 113 ST. N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBSON, ALAN	
STREET ADDRESS	1240 15TH CT	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, CHARLES	
STREET ADDRESS	13300 WALSINGHAM RD #92	
CITY-ST-ZIP	LARGO FL 34844	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JUDICE, JOSEPH	
STREET ADDRESS	12349 70 PL N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DP (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALAN ROBSON
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D SANSONE, ROCCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	13623 97TH AVE N
3.3 STREET ADDRESS	SEMINOLE, FL 33776 (VICE PRES. DEM)
3.4 CITY-ST-ZIP	
4.1 TITLE	D LIPPERT, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	10177 SPILWINDS BLVD S.
4.3 STREET ADDRESS	APT 205 (SEC. TREAS.)
4.4 CITY-ST-ZIP	LARGO, FL 33773
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* 1/5/98 ALAN S. ROBSON 813-399-3159

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