

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90031 044 ****61.25

0055894

DOCUMENT # N38020

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 34642



* 121661 90031 44

2. Principal Place of Business

21 **13650 WALSHINGHAM**

Suite, Apt. #, etc.

22 **LARGO, FL.**

City & State

23 **33774 USA**

Zip

Country

24

25

2a. Mailing Address

26 **13650 WALSHINGHAM**

Suite, Apt. #, etc.

27 **LARGO, FL.**

City & State

28 **33774 USA**

Zip

Country

29

30

3. Date Incorporated or Qualified

05/07/1990

4. FEI Number

59-3010051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **A**
BAKER, DICK
STREET ADDRESS **9100 113 ST. N**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME **D**
ROBSON, ALAN
STREET ADDRESS **1240 15TH CT**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **D**
SANSONE, ROCCO
STREET ADDRESS **13623 97TH TERRACE, N**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ DELETE

NAME **ST**
LUPPERT, ROBERT
STREET ADDRESS **10177 SAILWINDS BLVD, S**
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **13650 WALSHINGHAM ROAD**
1.4 CITY-ST-ZIP **LARGO, FL. 33774**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Date

727-399-3157

Daytime Phone #

CR2E037 (11/98)