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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N38020**

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

* 121661 · 90031 · 44

Principal Place of Business	Mailing Address
% DICK BAKER 9100 113TH ST N SEMINOLE FL 33772 US	% DICK BAKER 9100 113TH ST N SEMINOLE FL 34642

2. Principal Place of Business	2a. Mailing Address
21 13650 WALSINGHAM	26 13650 WALSINGHAM
Suite, Apt. #, etc. 22 LARGO, FL.	Suite, Apt. #, etc. 27 LARGO, FL.
City & State 23 33774 USA	City & State 28 33774 USA
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 05/07/1990

4. FEI Number: 59-3010051 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	A	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BAKER, DICK		1.2 NAME		
STREET ADDRESS	9100 113 ST. N		1.3 STREET ADDRESS	13650 WALSINGHAM ROAD	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	LARGO, FL. 33774	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBSON, ALAN		2.2 NAME		
STREET ADDRESS	1240 15TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANSONE, ROCCO		3.2 NAME		
STREET ADDRESS	13623 97TH TERRACE, N		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		3.4. CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIPPERT, ROBERT		4. 2 NAME		
STREET ADDRESS	10177 SAILWINDS BLVD, S		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 1/21/99 727-399-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #