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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name N40992 (2)

FRE	EEDOM CHR	ISTIAN SCHOOLS	, INC.					. (138). Birbir (18). 1 (18). Birbir (18)		
Principal	Place of Busines		Mailing Address				-		<i>iki</i> <b>316</b> 11 <b>3</b> 1411 <b>3</b> 1	
FIRST BAPTIST CHURCH 202 FLAMINGO DRIVE APOLLO BEACH FL 33572  FIRST BAPTIST CHURCH 202 FLAMINGO DRIVE APOLLO BEACH FL 33572								<u></u>		
							3. Date Incorporated or Qualified 11/26/1990	3a. D	ate of Last Re 03/20/199	
21	pal Place of Busi	ness	2a. Mailing Address 26			4. FEI Number 59-3040915		<del></del>	plied For ot Applicable	
22	Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 A Fee Re		
City & <b>23</b>	State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Ž(ρ 24	25		Zip 29	29 30		/ · · · · · · · · · · · · · · · · · · ·		Yes [	□ No	. 1 <del>99</del> .032,
	9. Name	and Address of Curre	nt Registered Agent		81		10. Name and Address of New R	egistered	Agent	
						Name				
	ANT, KATHY A. 9 Bullfrog (					Street Addre	ess (P.O. Box Number is Not Accepte	ible)		
GIB	SONTON FL 33	3534			83					
					84	L		FL	•	Code
11. Purs office ager	uant to the provise or registered a nt. I am familiar w	sions of Sections 617.056 gent, or both, in the State 7th, and accept the oblig	02 and 617.1508, Flor e of Florida. Such cha pations of, Section 617	da Statutes, the nge was authoriz .0503, Florida St	abov ed by atute	e-named corp y the corporati s.	oration submits this statement for the on's board of directors. I hereby acco	purpose o	f changing its xointment as	s registered registered
SIGNATU	JRE Signature, type	d or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	ed Age	ent signatura require	ad when reinstating)	DATE		<del></del>
12.		OFFICERS AN	ID DIRECTORS	13		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AN	O DIRECTOR	I\$ IN 12
TITLE	D			ELEYE 1.1	TITLE				Change	Addition
NAME		S, NORMAN		1.2	NAME					
STREET ADD		AMINGO DR		1.3	STREET	T ADDRESS				-
CITY-S1-7	···-	D BEACH FL 33572				ST-ZIP				1,1200
TITLE	D	WINDON E	LJL	1	TITLE	-			L) Change	Addition
NAME		T, WILSON E ULLFROG COURT			NAME					
STREET ADD		NTON FL 33534				T ADDRESS				
CHTY-ST-ZI	000001	11011 FL 33334	TT		TITLE	ST-ZIP			Change	Addition
NAME	- 1 -	, LAURA Z		- · · · · · · · · · · · · · · · · · · ·	NAME	1	•		City Orlange	<u></u> , , , , , , , , , , , , , , , , , ,
SIREET ADD		OAD ST		•		T ADORESS				
CITY-ST-ZII		YKTOWN FL 34609				ST-ZIP				ļ
TITLE					TITLE			<del></del>	Change	Addition
NAME				4.2	NAME					
STREET ADD	RESS			43	STREET	T ADDRESS	•			i
CITY - ST - ZI	Р				CITY-	ST-ZIP				
TITLE			<u></u> □ t	ELETE 5.1	TITLE		,		Change	Addition
NAME				5.2	NAME					
STREET ADD	· I			5.3	STREE	T ADDRESS				
CITY-ST-ZI	Р					ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T-105	A 44-150
TITLE			Цl		TITLE				Change	Addition
NAME	20100				NAME	j				
STREET ADD	1					T ADDRESS				
14. Ldo	<del>1</del>	at the information supplied	ad with this filing does			ST-ZIP emption stated	in Section 119.07(3)(i), Florida Statul	es. I furthe	r certify that	the
infor	mation indicated	on this annual report or	supplemental annual	report is true and	acc	urate and that	my signature shall have the same leg t as required by Chapter 617, Florida	al effect a	s if made un	der cath; that

**FILED** 

Apr 22 1997 8:00am

Secretary of State