

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45208 (8)

1. Corporation Name

BEACON CHRISTIAN ACADEMY, INC.



Principal Place of Business

**4416 EAST STATE ROAD 540 A
LAKELAND FL 33813**

Mailing Address

**4416 EAST STATE ROAD 540 A
LAKELAND FL 33813**

3. Date Incorporated or Qualified
09/19/1991

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3087445

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**

8. 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

**PANSLER, KARL F.
4416 EAST STATE ROAD 540 A
LAKELAND FL 33813**

81 Name
GOODWIN, PAUL G.
82 Street Address (P.O. Box Number is Not Acceptable)
4416 East State Road 540A
83
84 City
Lakeland **FL** 85 Zip Code
33813

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

Paul G. Goodwin

(NOTE: Registered Agent signature required when reinstating)

2/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **PANSLER, KARL F.**
STREET ADDRESS **5050 IRONWOOD TRAIL**
CITY-ST-ZIP **BARTOW FL**

1.1 TITLE **C/D** ☒ Change ☐ Addition
1.2 NAME **Goodwin, Paul G.**
1.3 STREET ADDRESS **6314 Crews Lake Road**
1.4 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **VD** ☒ DELETE
NAME **WILLIAMS, RICK**
STREET ADDRESS **409 OAK TRAIL**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME **Pansler, Heather A.**
2.3 STREET ADDRESS **5050 Ironwood Trail**
2.4 CITY-ST-ZIP **Bartow, Florida 33830**

TITLE **D** ☐ DELETE
NAME **BELL, JOE**
STREET ADDRESS **3601 DOVETAIL LANE, S.**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **BROWN, JAMIE**
STREET ADDRESS **10 CACTUS CIR.**
CITY-ST-ZIP **WINTER HAVEN FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DANSBY, GENEVA**
STREET ADDRESS **1280 KISSENGEN AVE.**
CITY-ST-ZIP **BARTOW FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HUFFAKER, MICHELLE**
STREET ADDRESS **723 W. PATTERSON**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Boyer, Donna**
6.3 STREET ADDRESS **1712 Virginia Court**
6.4 CITY-ST-ZIP **Lakeland, FL 33813**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jamie E. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96
Date

533-7488
Daytime Phone #

CR2E037 (12/95)