FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 ... AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46133** **(7)**

1. Corporation Name
GOOD SHEPHERD LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
810 W. FLORIDA AVE. MELBOURNE FL 32901-8156	810 W. FLORIDA AVE. MELBOURNE FL 32901-8156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6585306 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMAGE, ERMA L.
121 BAUER DR.
MELBOURNE FL 32901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	BIXBY, DR. BARBARA J.	
STREET ADDRESS	1217 S. RIVERSIDE DR.	SAME
CITY ST ZIP	INDIALANTIC FL	
TITLE	D	☐ Change ☐ Addition
NAME	BEARDSLEE, HOWARD	
STREET ADDRESS	620 IXORA DR.	SAME
CITY ST ZIP	MELBOURNE FL	
TITLE	D	☐ Change ☐ Addition
NAME	COPELAND, WANDA	
STREET ADDRESS	2200 S. DUNBAR AVE.	SAME
CITY ST ZIP	MELBOURNE FL	
TITLE	D	☐ Change ☐ Addition
NAME	BROWN, DOLLIE	
STREET ADDRESS	475 GEPHART ST. SW	SAME
CITY ST ZIP	PALM BAY FL	
TITLE	D	☐ Change ☐ Addition
NAME	BOWER, ROBERTA	
STREET ADDRESS	3100 ALABAMA DR.	SAME
CITY ST ZIP	MELBOURNE FL	
TITLE	D	☐ Change ☐ Addition
NAME	RIEDESEL, JO ANNE	
STREET ADDRESS	2804 S. BURTON PLACE	SAME
CITY ST ZIP	MELBOURNE FL	

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: Barbara J. Bixby, Ed. D. — April 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara J. Bixby — (407) ...-4410

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N46135 (2)

GADSDEN CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
3881 N MONROE ST TALLAHASSEE FL 32303	3881 N MONROE ST TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 11/21/1991
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-3097271 — Applied For / Not Applicable

2. Principal Place of Business: 21 RT. 3 BOX 496; 22 Suite, Apt #, etc; 23 City & State: HAVANA, FL; 24 Zip: 32333; 25 County: GADSDEN

2a. Mailing Address: 26 RT. 3 BOX 496; 27 Suite, Apt #, etc; 28 City & State: HAVANA, FL; 29 Zip: 32333; 30 County: GADSDEN

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHELLEY, ROBERT A.
3881 N MONROE ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: PRESTON R. SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 2994 RAYMOND DIEHL RD.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] PRESTON R. SCOTT — DATE: 4/26/94

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SHELLEY, ROBERT A.	1.2 NAME	PRESTON R. SCOTT
STREET ADDRESS	3881 N MONROE ST	1.3 STREET ADDRESS	RT. 3 BOX 496
CITY ST ZIP	TALLAHASSEE FL	1.4 CITY ST ZIP	HAVANA, FL 32333
TITLE	VTR	2.1 TITLE	V ☒ Change ☐ Addition
NAME	STAFFORD, ERROL	2.2 NAME	JOSEPH CUTLER
STREET ADDRESS	2237 MONAGHAN DR	2.3 STREET ADDRESS	RT. 3 BOX 496
CITY ST ZIP	TALLAHASSEE FL	2.4 CITY ST ZIP	HAVANA, FL 32333
TITLE	STR	3.1 TITLE	S ☒ Change ☐ Addition
NAME	COALSON, LANCE	3.2 NAME	BEVERLY GREGORY
STREET ADDRESS	RT 2 BOX 1000	3.3 STREET ADDRESS	RT. 3 BOX 496
CITY ST ZIP	HAVANA FL	3.4 CITY ST ZIP	HAVANA, FL 32333
TITLE	TR	4.1 TITLE	T ☒ Change ☐ Addition
NAME	TUCKER, DON	4.2 NAME	KAY SCHERDIN
STREET ADDRESS	3881 NORTH MONRE	4.3 STREET ADDRESS	RT. 3 BOX 496
CITY ST ZIP	TALLAHASSEE FL 32303	4.4 CITY ST ZIP	HAVANA, FL 32333
TITLE	TR	5.1 TITLE	TR ☒ Change ☐ Addition
NAME	OVERSTREET, TOM	5.2 NAME	CHARLES BEMBRY
STREET ADDRESS	RT1 BOX 1825	5.3 STREET ADDRESS	RT. 3 BOX 496
CITY ST ZIP	HAVANA FL	5.4 CITY ST ZIP	HAVANA, FL 32333
TITLE		6.1 TITLE	TR ☐ Change ☒ Addition
NAME		6.2 NAME	ROBERT SCHERDIN
STREET ADDRESS		6.3 STREET ADDRESS	RT. 3 BOX 496
CITY ST ZIP		6.4 CITY ST ZIP	HAVANA, FL 32333

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: [signature] PRESTON R. SCOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/95 — Daytime Phone #: 904/539-5300

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