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**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90011 022 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N46135**

1. Corporation Name

**TALLAVANA CHRISTIAN SCHOOL, INC.**

Principal Place of Business

RT 3 BOX 496  
HAVANA FL 32333  
US

Mailing Address

RT 3 BOX 496  
HAVANA FL 32333  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>5840 Havana Highway</b>		11/21/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-309727-1	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

**9. Name and Address of Current Registered Agent**

**SCOTT, PRESTON R**  
**2994 RAYMOND DIEHL RD**  
**TALLAHASSEE FL 32308**

**10. Name and Address of New Registered Agent**

81 Name	<b>Joseph Cotler</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5840 Havana Highway</b>	
83 City	<b>Havana</b>	
84 City	<b>FL</b>	85 Zip Code <b>32333</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change
NAME	SCOTT, PRESTON R	1.2 NAME	
STREET ADDRESS	RT 3 BOX 496	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change
NAME	CUTLER, JOSEPH	2.2 NAME	
STREET ADDRESS	RT 3 BOX 496	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change
NAME	GREGORY, BEVERLY	3.2 NAME	
STREET ADDRESS	RT 3 BOX 496	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETT, ROBERT	4.2 NAME	
STREET ADDRESS	RT 3 BOX 496	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, SONDR	5.2 NAME	
STREET ADDRESS	RT 3 BOX 496	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, DAVID	6.2 NAME	
STREET ADDRESS	RT 3 BOX 496	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	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:** *Beverly Gregory* **SIGNATURE REQUIRED** *Beverly Gregory* 3/10/99 8505395489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #