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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26 5840 Havana Highway	3. Date Incorporated or Qualified 11/21/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-309727-1 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SCOTT, PRESTON R RT 3 BOX 496 HAVANA FL 32333 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	CUTLER, JOSEPH RT 3 BOX 496 HAVANA FL 32333 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ST	GREGORY, BEVERLY RT 3 BOX 496 HAVANA FL 32333 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	JETT, ROBERT RT 3 BOX 496 HAVANA FL 32333 <input type="checkbox"/> DELETE	4.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Cutler, Joseph	
STREET ADDRESS		4.3 STREET ADDRESS 5840 Havana Highway	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Havana, FL 32333	
TITLE D	ROWAN, SONDR RT 3 BOX 496 HAVANA FL 32333 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	HOUSTON, DAVID RT 3 BOX 496 HAVANA FL 32333 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 REQUIRE Beverly Gregory 3/10/99 8505395489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #