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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # N49114 1. Corporation Name

### FOUNDATION CHRISTIAN ACADEMY, INC.

Princ	ipal P	lac	e of	В	usine
2908	BELL	SH	<b>O</b> AL	S	RD
BRAN	<b>IDON</b>	FL	3351	1	
He					

Mailing Address

2908 BELL SHOALS RD BRANDON FL 33511

# FILED Apr 08, 1999 8:00 am § Secretary of State

04-08-1999 90093 036 \*\*\*\*61.25



03									
		2a. Mailing Address	Address		3. Date incorporated or Qualifed 05/26/1992				
21 Suite, Apt.	# oto	Suite, Apt. #, etc.			<del>_</del>	4. FEI Number			Applied For
	#, 500. 	27	-,,-		<u> </u>	<b> 59-3128048</b>	±-	<u> </u>	Not Applicable
City & State	9	City & State			_	5. Certifcate of Status Desired		<b>v</b>	Additional Required
23 Zip	Country	Zip	Cou	ntrv		6. Election Campaign Financing		\$5.00	May Be
	25	29 30				Trust Fund Contribution Added to Fees			
24]	9. Name and Address of Current		<del>"</del> —			10. Name and Address of New R	egistered A	lgent	
<del></del>	Training and Plantage Of Carrieties			81 Nam	е				
*******	Machierre			20 01	TA.	SS (P.O. Box Number is Not Accepta	blo		
	, MITCHELL E.			82 Stree	et Addre:	2 <i>THOMAS JACUBS</i>	Pc		
	T BRANDON BLVD			83	,	- 11/04/14/5 04/00/5			
SUITE 102								·	
BRANDON	I FL 33511			84 City	Bo	4NOON	FL	85  길	D Code
44 Diminut	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the al	Men-avor	rd corno	ration submits this statement for the	numose of	changing i	ts registered
office or r	egistered agent, or both, in the State of	' Flonda. Such change was autr	IONZEO	oy une co	rporation	's board of directors. I hereby accep	t the appoin	tment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statu	ites.			عطدارر		
SIGNATURE	Harold Cook	HAROLD C	00)	Agent signatur	re required	when reinstating)	サンファ DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Main affillan	o reduien	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	TORS IN 12
TITLE	T OFFICERS AND	DIRECTORS DELETE	1.1 111	 1.Е	Τ	· ···		Change	e
	ALBALICH MITCHELLE	$\Gamma$	1.2 NA						•
NAME	ALBAUGH, MITCHELL E.	•		REET ADDRE			,	•	
STREET ADDRESS	1436 PEACHFIELD DRIVE				~	•			
CITY-ST-ZIP	VALRICO FL	☐ DELETE	2.1 TI	TY-ST-ZIP				☐ Chang	e
TITLE	SDANIGAN WEARINETH NAV. ID		2.1 NA						_
NAME	FRANKLIN, KENNETH W., JR							•	
STREET ADDRESS	3609 CINNAMON TRACE. DR.			REETADORE	~			<b>~</b> _	
CITY-ST-ZIP	VALRICO FL	DELETE		TY-ST-ZIP-				Chang	e Addition
TITLE	T '		3.1 717					و مارد ب	
NAME	HUDSON, ERNIE		3.2 NA		_				
STREET ADDRESS	2015 GREEN JUNIPER LANE		4	REET ADDRE	SS				
CITY-ST-ZIP	BRANDON FL	·		TY-ST-ZIP				Chang	e Additior
TITLE	Τ	☐ DELETE .	4.1 TII					L] Cildily	e L'unginoi
NAME	STEPHENS, LARRY		4.2 N		Ì				
STREET ADDRESS				REET ADDRE	SS				
CITY-ST-ZIP	VALRICO FL			TY-ST-ZIP					a Filandist-
TITLE	<b>T</b>	☐ DELETE	5.1 TT					Chang	e Addition
NAME	COOK, HAROLD	•	5.2 NA						
STREET ADDRESS	1202 THOMAS JACOBS PLACE		5.3 ST	REET ADDRE	SS				
CITY-ST-ZIP	BRANDON FL			TY-ST-ZIP	$\bot$		_		
TITLE		☐ DELETE	6.1 TI				-	Chang	
NAME.		•	6.2 NA	WE					· · · ·
STREET ADDRESS			6.3 ST	REET ADDRE	ss				
COTY OT 710			6.4 CT	TY-ST-ZIP					

14. Thereby 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: