## 5-7-97 B-6512 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50070

(4)

PIONE	er Christian School	, INC,				
Principal Place	of Business	Mailing Address	Mailing Address			IRAN CIRIN BIBII BIBIN BABAH BIBIN ANDIN 1981
175 BELMONT AVE. COCOA FL 32927 US		PO BOX 1255 SHARPES FL 32959-1255 US	SHARPES FL 32959-1255		3 Foto In supported to Octobrillad	
					3. Date Incorporated or Qualified 07/27/1992	3a. Date of Last Report 04/29/1996
2. Principal Pl	ace of Business	2a. Mailing Address	······	·	4. FEI Number	Applied For
21		26			59-3138226	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip			Country		8. This corporation has liability for in	
24	25	29	30			Yes No
·····	9. Name and Address of Cui	rent Registered Agent		81 Name	10. Name and Address of New Rec	gistered Agent
DOM D	AVMOND			81 Name		
DOW, RAYMOND 175 BELMOUNT AVE				82 Street A	ddress (P.O. Box Number is Not Acceptable	le)
COCOA FL 32959-1255			<u> </u>	83		······································
			ŀ	84 City	<del></del>	FL 85 Zip Code
11. Pursuant I	o the provisions of Sections 617.	0502 and 617.1508, Florida Statu	tes, the ab	ove-named o	corporation submits this statement for the p	urpose of changing its registered
office or ri agent. I ai	egistered agent, or both, in the Si m familiar with, and accept the ob	ate of Florida. Such change was pligations of, Section 617.0503, Fl	authorized lorida Stati	l by the corpo ites.	corporation submits this statement for the proporation's board of directors. I hereby accept	t the appointment as registered
SIGNATURE						
12.	Signature, typod or printed name of registered OFFICERS	I agent and little if applicable (NO AND DIRECTORS	TE: Registered	Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 717	LE.	The trioning of the trioning of the	Change Addition
NAME	DOW, RAYMOND		1.2 NA	ME		
STREET ADDRESS	175 BELMONT AVE.		1.3 \$T	EET ADDRESS		
CITY-ST-ZIP	COCOA FL			Y-ST-ZIP		
TITLE	VPO DELETE		2.1 TIT			Change Addition
NAME	FINDLEY, THOMAS 3635 OSAGE ST.		2.2 NA			
STREET ADDRESS	COCOA FL			EET ADDRESS		
CITY-ST-ZIP TITLE	\$D			IY-ST-ZIP		Change Addition
NAME	DOW, PAMELA	3.2 N				C Printings C Printings
STREET ADDRESS	175 BELMONT AVE		1	EET ADDRESS		
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP		
TITLE		DELETE	4.1 10	E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			1	IEET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		Y-ST-ZIP		Change C 4225
NAME		C DETELE	5.1 TITI 6.2 NA			Change Addition
STREET ADDRESS			5.2 NA			
CITY-ST-ZIP	•			IEET ADDRESS Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME						

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee employing to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addless.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

(401)634-3649

**FILED** 

May 07 1997 8:00am

Secretary of State