Applied For

\$8.75 Additional

Not Applicable

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 # N50070

1. Corpora ion Name

PIONEER CHRISTIAN SCHOOL, INC.

Principal Place of Business
175 BELMONT AVE. COCOA FL 32927
US

2. Principa Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

PO BOX 1255 SHARPES FL 32959-255

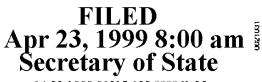
2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27



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Date Ir corporated or Qualified 07/27/1992

4. FEI Number

59-3138226

23		28				0. 00.	ate of ciatao comos		Fee Re	cuired
Zip	Country	Zip	Co	intry		6. Electio	1 Campaign Financing		\$5.00	May Be
24	25	29	30			Trust F	und Contribution		Added t	o Fees
	9. Name and Address of Cu	rrent Registered Agent		I,		10. Name	and Address of New	Registered	Agent	
				81	Name					
DOW, RAYMOND 175 BELMONT AVE			82	Street Ac	dress (P.O. Box	Number is Not Accept	able)			
						<u> </u>				
	L 32959-1255			83						
				84	City				85 Zip (Code
				1 1	•			<u> </u>		
office cr t	to the provisions of Sections 617 registered agent, or both, in the S rm familiar with, and accept the o	tate of Florida. Such char	ide was Juthorize	ז עס ם	-named co he corpora	rporation submition's board of o	s this statement for the directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered g stered
SIGNATURE								DATE		
	Signature, typed or printed name of registere		(NOT E: Registere	d Agent	signature requ	ired when reinstating)	NS/CHANGES TO OF		D DIRECTO	ES IN 12
12.		S AND DIRECTORS		ITLE		ADDITIO	740/0/1/11022 10 0/	1101110111	Change	Addition
TITLE	PD DAVIDOND	L V		IAME					J \$-	_
NAME	DOW, RAYMOND				*DDDESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	COCOA FL			ITY-ST	-ZIP				Change	Addition
TITLE	VPD	Ų.							0-	_
NAME	FADELY, ANTHONY B.			IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	COCOA FL			TITY-ST	I-ZIP				Change	Addition
TITLE	SD DOW DAME! A			IAME						
NAME	DOW, PAMELA				ADOREGO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	COCOA FL			CITY-SI	I-ZIP				Change	Addition
TITLE		<u>.</u> .			-					
NAME				NAME	ADDDEEG					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		П		ITY-ST	-219				Change	Addition
TITLE				IAME					0	_
NAME					ADDRESS					
STREET ADDRESS				ITY-ST						
CITY-ST-ZIP				TILE					Change	Addition
TITLE				IAME						_
NAME			•		ADDRESS					
STREET ADORESS				TY-ST						
CITY-ST-ZIP	certify that the information supplie	and write this filing do				. 0 - 4 - 440 0	"(2)(i) Florida Statutas	I further cer	tify that the i	nformation

hiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the re-Block 12 or Block 13 if changed, or on an at

SIGNATURE: /