

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 016 ****61.25

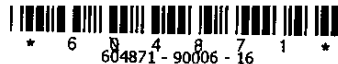
DOCUMENT # N51079

1. Corporation Name

R.J. HENDLEY CHRISTIAN EDUCATION CENTER, A PRIVATE SCHOOL, INC.

Principal Place of Business
2760 AVENUE "R"
RIVIERA BEACH FL 33404

Mailing Address
2800 AVE. "R"
RIVIERA BCH. FL 33404



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

09/30/1992

4. FEI Number

55-0326220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAWRENCE, SHAWNEE S
1010 W 4TH STREET
STE B
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Shawnee S. Lawrence

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HENDLEY, CASSANDRA A.
STREET ADDRESS 426 9TH AVENUE
CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME LAWRENCE, SHAWNEE
STREET ADDRESS 1010 W 4TH STREET
CITY-ST-ZIP RIVIERA BEACH FL

TITLE TD ☐ DELETE

NAME JACKSON, JULIAN
STREET ADDRESS 1206 SEA PINES LANE
CITY-ST-ZIP LANTANA FL

TITLE D ☐ DELETE

NAME STUBBS, MARIAN
STREET ADDRESS 8042 STREET JOHN AVE "E"
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE

NAME BUTLER, CLINTON
STREET ADDRESS 1520 N. 24TH COURT
CITY-ST-ZIP RIVIERA BEACH FL

TITLE D ☐ DELETE

NAME HENDLEY, REV. ROBERT J.
STREET ADDRESS 1800 W. 30TH STREET
CITY-ST-ZIP RIVIERA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Rev. Robert J. Hendley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)