

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91234 039 ****61.25

DOCUMENT # N51079

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0362205

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE President ☐ Change ☒ Addition
NAME Barbara Wilson
STREET ADDRESS 2612 W 28th Street
CITY-ST-ZIP Riviera Beach, FL 33404

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HENDLEY, REV. ROBERT J.
STREET ADDRESS 1380 W. 30TH STREET
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #