

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:06

DOCUMENT # N93000002884 (5)

1. Corporation Name

SEACOAST CHRISTIAN SCHOOL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 9130
JACKSONVILLE FL 32208

Mailing Address

P.O. BOX 9130
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3185177

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, DAN

925 WEST EDGEWOOD AVE
JACKSONVILLE FL 32208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

MULLIS, CHARLES

STREET ADDRESS

12600 DESOTO ST

CITY - ST - ZIP

JACKSONVILLE FL 32218

TITLE

D

NAME

DENNETTE, CATHY

STREET ADDRESS

1131 DEPAUL DR

CITY - ST - ZIP

JACKSONVILLE FL 32218

TITLE

D

NAME

MONTGOMERY, JUDY

STREET ADDRESS

3610 HERMITAGE RD.

CITY - ST - ZIP

JACKSONVILLE FL 32211

TITLE

D

NAME

HARRIS, SUZANNE

STREET ADDRESS

3215 LAMME RD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

EVA HULTO

STREET ADDRESS

2314 GAYLAND RD.

CITY - ST - ZIP

JACKSONVILLE FL 32218

TITLE

D

NAME

JAMES DEAN

STREET ADDRESS

1-17-95

CITY - ST - ZIP

765-2152

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered 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 address.

SIGNATURE:

James Dean

JAMES DEAN T/D

1-17-95

765-2152