

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000002884 (5)**

1. Corporation Name

SEACOAST CHRISTIAN SCHOOL, INC.



Principal Place of Business

Mailing Address

925 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208

925 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **925 W. Edgewood Ave.**

26 **PO Box 9130**

4. FEI Number

59-3185177

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATTEN, FAYE
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 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

Faye Batten (FAYE BATTEN)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MULLIS, CHARLES**
STREET ADDRESS **12600 DESOTO ST**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DENNETTE, CATHY**
STREET ADDRESS **1131 DEPAUL DR**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **DYSTER, DAVID**
STREET ADDRESS **1427 STARWAN RD. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **DEAN, JAMES**
STREET ADDRESS **592 WILLIAM PACA ST.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUTTO, EVA**
STREET ADDRESS **2314 GAYLAND RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE:

Charles Mullis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

Date

757-0249

Daytime Phone #

CR2E037 (12/95)