

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000003385 (2)**

1. Corporation Name

FAITH CHRISTIAN ACADEMY, INC.



Principal Place of Business

Mailing Address

**8395-97 NE 2ND AVE
MIAMI FL 33138**

**8395-97 NE 2ND AVE
MIAMI FL 33138-3810**

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**

3. Date Incorporated or Qualified
07/28/1993

3a. Date of Last Report
05/20/1996

4. FEI Number
65-0438920

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**

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

**CHAMPAGNE, FRANTZ
8395-97 NE 2ND AVE
MIAMI FL 33138**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMPAGNE, OLGA	
STREET ADDRESS	1485 NE 121ST ST #413	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMPAGNE, FLORE	
STREET ADDRESS	1555 NE 123RD ST #305	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMPAGNE, LUNDMILLA	
STREET ADDRESS	1485 NE 121ST ST #413	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18960 Highland Lakes Blvd
1.4 CITY - ST - ZIP	N. MIA BEACH FL 33179
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHAMPAGNE, FRANTZ
2.3 STREET ADDRESS	18960 Highland Lakes Blvd
2.4 CITY - ST - ZIP	N. MIA BEACH, FL 33179
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D JACQUES, AGNES
3.3 STREET ADDRESS	21300 SW 31ST AVE WY + PG
3.4 CITY - ST - ZIP	N. MIA BEACH, FL 33161
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE REQUIRED

4/20/97 (305) 754-4304

Date

Daytime Phone # 0029420

CR2E037 (9/96)