

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000005727 (3)**  
1. Corporation Name

**OCEAN CITY CHRISTIAN SCHOOL INC.**

Principal Place of Business

Mailing Address

**428 RACETRACK RD NE  
FT WALTON BEACH FL 32547**

**428 RACETRACK RD NE  
FT WALTON BEACH FL 32547**



3. Date Incorporated or Qualified  
**12/21/1993**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**GARCIA, ENRIQUE A  
428 RACETRACK RD NE  
FT WALTON BEACH FL 32547**

81 Name

**Thirsk, Phyllis K.**

82

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

**428 Racetrack Rd NE**

83

84 City

**Ft Walton Beach**

**FL**

85 Zip Code  
**32547**

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

*Phyllis K. Thirsk*

**PHYLLIS K. THIRSK**

**July 26, 1996**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DC  
SANSOM, CHARLES  
206 SOUTH ST NE  
FT WALTON BEACH FL 32547** ☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
GARCIA, JANET L  
204 WILLARD RD NW  
FT WALTON BEACH FL 32548** ☒ DELETE

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

**DT**

**Wells, Veronica**

**29 17th St**

**Santa Rosa Beach FL 32459** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
HOCK, PATRICIA S  
19 MIMOSA ST NW  
FT WALTON BEACH FL 32548** ☒ DELETE

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

**DV**

**Baucom Eva**

**112 David St Apt C**

**Ft Walton Beach FL 32547** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DA  
GARCIA, ENRIQUE A  
204 WILLARD RD NW  
FT WALTON BEACH FL 32548** ☒ DELETE

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

**DA**

**Thirsk, Phyllis K.**

**113 Thornhill Rd**

**Ft Walton Beach FL 32547** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
SANSOM, DEBORAH L  
206 S ST NE  
FT WALTON BEACH FL 32547** ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Phyllis K. Thirsk*  
**July 26, 1996**  
Date

**904-8624012**  
Daytime Phone #

CR2E037 (3/96)