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

N95000001802 (6) DOCUMENT

HOPE CHRISTIAN SCHOOLS, INC. Principal Place of Business Mailing Address



7305 MUSHINSKI ROAD TAMPA FL 33605		7305 Mushinski road Tampa Fl 33605			
				3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip ~n	Country	Zip	Country	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, 1 Yes □ No
4	9. Name and Address of Currer	29 29 Anent	30	10. Name and Address of New Re	
•			83	JAKL L. HJGA gress (P.O. Box Nymber is Not Acceptable 1305 //USH ZNS	z B.
*********			84 Cn-	ANDA	FL 85 Zip Code 25
SIGNATURE !	Signifure, typed or printed name of registered agen	it and the if approache	(NOTE: Registered Agent signature requi		DATE
12.		6 DIRECTORS	13.	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12 Change Addition
TITLE '	PD PONALD I	Phereic	11 TIFLE		D bligge D Addition
NAME	SCHAFFER, RONALD L 7305 MUSHINSKI ROAD		1 2 NAME		
STREET ADDRESS	TAMPA FL 33625		1 3 STREET ADDRESS		
CITY - ST - ZIP	VD	FIDELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	FERRELL, LEWIS L		2 2 NAME		
STREET ADDRESS	7305 MUSHINSKI ROAD		2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		2 4 CITY - ST - ZiP		
ITLE	10	DELETE	3 1 TITLE		Change Addition
LAME	SCHAFFER, ALFRED W		3.2 NAME		
TREET ADDRESS	7305 MUSHINSKI ROAD		3 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		3.4 CITY-ST-ZIP		
TITLE	SD	DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HIGH, JACK L		4 2 NAME		
STREET ADDRESS	7305 MUSHINSKI ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		4.4 CiTY · ST - ZIP		
ITLE		DEFELE	51 TITL€		Change 🔲 Addition
IAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - \$1 - 2IP		☐ Change ☐ Additio
TITLE		DELETE	61 TITLE		□ Change □ Abonio
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY+ST-7IP		

14. Ido 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 it changed, or on an attachment with an address.

SIGNATURE:

YPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR