**NONPROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION JAL REPORT	Sandra B Secretary	of State		
	1996 MENT # 10950	00001974	OHPOHATIONS		
Commur	nity Christian S	chool of Talla	hassee, I	nc.	
Principal Place	of Business	Mailing Address			
9 Dringing Di	age of Purinage			3. Date Incorporated or Qualifi April 25, 199	95 N/A
2. Principal Place of Business 2a. Mailing Address 25 4 9 4 9 Ve 1 da			n-4 n-	4. FEI Number	Applied For
21 26 4949 Ve1da Suite, Apt. #, etc. Suite, Apt. #, etc.			Dairy Ro	ad 59-3312971	Not Applicable
22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financin	9 \$5.00 May Re
23		28 Tallahasse	e, FL	Trust Fund Contribution	Added to Fees
Ζφ <b>24</b>	Country 25	Zip 29 32308	Country 30 USA		for intangible tax under s. 199.032,
	9. Name and Address of Curre		W USA	Florida Statutes  10. Name and Address of Ne	☐ Yes [X] No w Registered Agent
			81 Name		
LuAnne	G. Schendel	Address (P.O. Box Number is Not Accept	otable)		
4949 Velda Dairy Road  Street Address (P.O. Box Number is Not Acceptable)					
Tallah	assee, FL 3230	8	83		
•	•		84 City		<b>85</b> Zip Code
11 Diversions	to the provisions of Continue C17 OFO	0 C17 1500 F(			FL
or register	ed agent, or both, in the State of Flor	nda. Such change was authorized	the above-named co by the corporation's	proporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its registered office appointment as registered agent. I am
SIGNATURE	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.			
	Signature, typed or printed name of registered agei	t and title if applicable (NOTE	Registered Agent signature i	required when roinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12
TITLE	Morric U Will	<b>XX</b> DELETE	1.1 TITLE	President "D"	Change X Addition
NAME STREET ADDRESS	Morris H. Miller 315 South Calhoun Street		1 2 NAME	and a suring real probability of	
CITY-ST-ZIP	Tallahassee, Fl		1.3 STREET ADDRESS 1.4 CITY-ST-7IP		
TITLE	Tattunassee, I	DELETE	2.1 TiTLE	Tallahassee, FL Vice President "	
NAME		_	2.2 NAME	Stephen Moleski	
STREET ADDRESS			2.3 STREET ADDRESS	1960-A Buford Bo	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Tallahassee, FL	
TITLE		DELETE	3 1 TITLE •	Secretary "D"	Change 💢 Addition
NAME GEOGET ADDRESS			3.2 NAME	Terry Cox "D"	
STREET ADDRESS			3 3 STREET ADDRESS	10041 Neamathla	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - \$1 - 2IP 4.1 TITLE	Tallahassee, FL Treasurer "D"	32312
NAME		<del>-</del>	4. 2 NAME	Dean R. LeBoeuf	
STREET ADDRESS			4.3 STREET ADDRESS	863 East Park Av	
CITY-ST-ZIP			4.4 CITY - \$T - ZIP	Tallahassee, FL	
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME	3000018	382923
STREET ADDRESS			5 3 STREET ADDRESS	~07/03/96~~0 ***c1	1024U12
CITY+ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP	***61.25	
NAME			6 1 TITLE		🔲 Obange 🔲 Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		43
CITY ST 7ID			0.5 STILL I ADDRESS		<b>4</b> %

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 an attachment with an address.

SIGNATURE:

Larry M. Shingler 5/1/96 487-2437

Date:

Da