

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90264 022 ****61.25

DOCUMENT # N95000001974

1. Corporation Name

COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.

Principal Place of Business

4949 VELDA DAIRY RD.
TALLAHASSEE FL 32308
US

Mailing Address

4949 VELDA DAIRY RD.
TALLAHASSEE FL 32308
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

59-3312971

Applied For

Not Applicable

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ARGERSINGER, THOMAS K
4949 VELDA DAIRY RD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 Thomas K. Argersinger, Headmaster 4/28/1999
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 TD ☒ DELETE
NAME CRAWFORD, GARY B
STREET ADDRESS 1317 WINEWOOD BLVD., BLDG 2, RM. 202
CITY-ST-ZIP TALLAHASSEE FLTITLE SD ☒ DELETE
NAME HAYS, KATHY
STREET ADDRESS 4601 INISHEER DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE PD ☒ DELETE
NAME MOLESKI, STEPHEN
STREET ADDRESS 1960-A BUFORD BLVD.
CITY-ST-ZIP TALLAHASSEE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D ☐ Change ☒ Addition
1.2 NAME Steven A. Currieo
1.3 STREET ADDRESS 1491 Governor's Square Blvd.
1.4 CITY-ST-ZIP Tallahassee, FL 323012.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME Maureen S. Campbell
2.3 STREET ADDRESS 2117 Miller Landing Road
2.4 CITY-ST-ZIP Tallahassee, FL 323123.1 TITLE P/D ☐ Change ☒ Addition
3.2 NAME Jeffery A. Herig
3.3 STREET ADDRESS 6709 Tomy Lee Trail
3.4 CITY-ST-ZIP Tallahassee, FL 323084.1 TITLE V/D ☐ Change ☒ Addition
4.2 NAME Benjamin D. Rust
4.3 STREET ADDRESS 359 North Monroe Street
4.4 CITY-ST-ZIP Tallahassee, FL 323015.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffery A. Herig 4/28/1999 (850) 410-7058
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)