2002 UNIFORM BUSINESS REPORT (UBR)

Peg Stackature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # **N95000001974** 1. Entity Name COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC. 04-18-2002 90396 022 ****61 25 Principal Place of Business Mailing Address 4859 KERRY FOREST PKWY 4859 KERRY FOREST PKWY TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3312971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32309 32309 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARGERSINGER, THOMAS K 4859 KERRY FOREST PKWY TALLAHASSEE FL 32308 City Zip Code registered agent, or both, in the state of Florida 8. The above named entity submits this statement for the purpose of changing its registered of the Thomas K. Argersinger (NOTE: Registered Agent signatu quired when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Department of State Added to Fees ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE X Delete TITLE \overline{PD} CURRIEO, STEVEN A NAME NAME Blackall, Peg STREET ADDRESS 1491 GOVERNOR'S SQUARE BLVD. STREET ADDRESS 1500 Apalachee Parkway CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 Tallahassee, FL 32301 Addition ☐ Change SD Delete TITLE TITLE CAMPBELL, MAUREEN S NAME NAME Christmas, Stuart STREET ADDRESS STREET ADDRESS 2117 MILLER LANDING ROAD 2984 Wellington Circle West CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32312 Tallahassee, FL 32309 ☐ Delete ☐ Change ☐ Addition TITLE TD TITLE NAME Peters, William F NAME STREET ADDRESS STREET ADDRESS 548 Bradford Road CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

850-893-6628

Daytime Phone #