## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500001974

1. Entity Name

## COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.

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FILED Apr 18, 2003 8:00 am § Secretary of State

04-18-2003 90226 028 \*\*\*\*61.25

			600	VE TE					
Principal Place of Business 4859 KERRY FOREST PKWY TALLAHASSEE FL 32309 US		Mailing Address 4859 KERRY FOREST PKWY TALLAHASSEE FL 32309 US	,		A INDIVIDURAL BAR FAIL	RI DILAH BANK ADIN BANKI BARK BR	idi el <b>o</b> no nosa con	ili biri i <b>at</b> i	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State			4. FEI Number <b>59-3312971</b>			oplied For	
Zip	Country	Zip	Country	_	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name	Name					
ARGERSINGER, THOMAS K 4859 KERRY FOREST PKWY				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32308				·					
					<del></del>	FL	Zip Cod 3230	9	
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registere	ed agent, or both, in t	he State of Florida. I am	familiar with,	and accept	
the obligat	ions of registered agent.								
	·							}	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signal	ture required	when reinstating)	DATE			
			<u>-</u>						
FILE NOW: FEE IS \$61.25  9. Election Campaign F				_	\$5.00 May Be	Make Check			
·	, , , , , , , , , , , , , , , , , ,	Trust Fund C	ontribution.		Added to Fees	Florida Depar	tment of S	State	
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	110	
	PD STATE SILVE	▼ Delete	TITLE	SD	DOMOTO TO		☐ Change	Addition	
	BLACKALL, PEG	<b>M</b> 00000	NAME	1	chell An	•		34	
STREET ADDRESS	1			Mitchell, Ann ADDRESS 4859 Kerry Forest Pkwy.					
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	Tai:	lah <u>a</u> ssee,	FL 32309			
TITLE	SD	Delete	TITLE	PD			X Change	☐ Addition	
NAME	CHRISTMAS, STUART		NAME		istmas, St				
	2984 WELLINGTON CIRCLE WEST	•	STREET ADDRESS		•	orest Pkwy.			
CITY-ST-ZIP-	TALLAHASSEE FL 32309	<u></u>	CITY-ST-ZIP ,		lahassee,	-FL-32309- <i>-</i> -			
TITLE	DETERMINANT	∑ Delete	TITLE	TD		·	☐ Change	X Addition	
	PETERS, WILLIAM F 548 BRADFORD ROAD		STREET ADDRESS		tice, John			{	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	Ta 1	lahassee,	orest Pkwy.			
TITLE	IN METER RIVORE I & DEGLO	Delete	TITLE	<u> </u>		-2 32333	☐ Change	Addition	
NAME		Doloto	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			<u> </u>			
TITLE		Delete	TITLE				☐ Change	Addition	
NAME			NAME	ļ				}	
STREET ADDRESS			STREET ADDRESS	]					
CITY-ST-ZIP			CITY-ST-ZIP		<del></del>				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					}	
CITY-ST-ZIP			CITY-ST-ZIP					1	
	pertify that the information supplied with t	this filing does not qualify for		tod in Soc	ation 110 07(3)(i) Fig.	rida Statutan I furthar aer	tifu that the in	formation	

2. 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 furturstee empowered to expect the his 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 likes in powered.

**SIGNATURE:** 

REStuart Christmas 4/11/2003 (850)386-1234