

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002584 (9)**

1. Corporation Name

ROSA/MARIA CHRISTIAN TEACHING CENTER, INC.



Principal Place of Business	Mailing Address
1116 WEST ORANGE AVE. TALLAHASSEE FL 32310	2817 BARDSWOOD LANE TALLAHASSEE FL 32310-9630 US

3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3174830	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, SHADRICK L 2817 BARDSWOOD LANE TALLAHASSEE FL 32310	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, SHADRICK L	1.2 NAME	COHEN, JAMES
STREET ADDRESS	2817 BARDSWOOD LANE	1.3 STREET ADDRESS	1338 HUTCHINSON STREET
CITY - ST - ZIP	TALLAHASSEE FL 32310	1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, SYLVIA L	2.2 NAME	COHEN, JULIA
STREET ADDRESS	2817 BARDSWOOD LANE	2.3 STREET ADDRESS	1338 HUTCHINSON STREET
CITY - ST - ZIP	TALLAHASSEE FL 32310	2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, DOROTHY	3.2 NAME	
STREET ADDRESS	1035 OLD SHELL POINT RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINS, YVONNE	4.2 NAME	
STREET ADDRESS	8631 WIDE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, YVONNE	5.2 NAME	
STREET ADDRESS	PO BOX 2	5.3 STREET ADDRESS	
CITY - ST - ZIP	PANACEA FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, JARNAL	6.2 NAME	
STREET ADDRESS	PO BOX 2	6.3 STREET ADDRESS	
CITY - ST - ZIP	PANACEA FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Shadrick L Walker* 4/16/97 904-421-7573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008307

CR2E037 (9/96)