5/27

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-27-2002 90424 008 ****61.25

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

DOCUMENT # N96000001005 ✓

1. Entity Name

Hilsdale Christian School, INC.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8060 Hilsdale Rd	SAME
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. SAME
City & State Jacksonville, FL	City & State SAME
Zip 32216 Country Duval	Zip Same Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-338-2859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeanette Wickstrom

Street Address (P.O. Box Number is Not Acceptable): 190 Annandale Dr. E

City: Jacksonville FL Zip Code: 32225

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	President P/D
NAME	Jeanette W. Wickstrom
STREET ADDRESS	190 Annandale Drive E
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Vice President - ~~Treas~~ V/C
NAME	Bruce Youmans
STREET ADDRESS	447 Ruby Dr. W
CITY-ST-ZIP	Jacksonville, FL 32246 D
TITLE	Treasurer/Secretary T/S
NAME	Kenneth Douglas Risen, Jr
STREET ADDRESS	190 Annandale Dr. E D
CITY-ST-ZIP	Jacksonville FL 32225
TITLE	~~Julius Blaze~~
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Managing Director M
NAME	Julius Blaze
STREET ADDRESS	2950 Belfort Rd D
CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	**DO NOT WRITE**
NAME	**IN THIS SPACE**
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanette W. Wickstrom 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #