

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

FILED

03 MAY 19 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001005

1. Entity Name
Hilsdale Christian School, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8060 Hilsdale Rd
Suite, Apt. #, etc.
N/A

3. Mailing Address
Same
Suite, Apt. #, etc.
Same

City & State
Jacksonville, FL

City & State
Same

Zip
32216

Country
Duval

Zip
Same

Country
U.S.

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4. FEI Number
59-338-2859

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

State
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. I am familiar with, and accept the obligations of registered agent.

100019326971
05/19/03--01088--010 **70.00

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P/D Jeanette W. Wickstrom 190 Annandale Drive E. Jacksonville, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bruce Goumans 4147 Ruby Drive W Jacksonville, FL 32246 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Randy Ashe 8476 Seton Court Jacksonville, FL 32244 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Julius Blaze 2950 Belfort Rd. Jacksonville, FL 32226 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/03

CR2E037B (12/02)

9/3/23