

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90010 002 \*\*\*\*70.00

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1. Corporation Name

EL SHADDAI CHRISTIAN SCHOOL, INC.

Principal Place of Business

1541 AMHERST LANE  
KISSIMMEE FL 34744

Mailing Address

1541 AMHERST LANE  
KISSIMMEE FL 34744



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3413622

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RIVERA-PEREZ, NANCY  
1541 AMHERST LANE  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RIVERA-PEREZ, NANCY  
STREET ADDRESS 1541 AMHERST LANE  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME TELTSCHIK, BETTY J  
STREET ADDRESS 542 FLORAL DR  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☒ DELETE

NAME MOB  
STREET ADDRESS ALTAMIRANO, BONNIE  
CITY-ST-ZIP 2845 WOODRUFF DR  
ORLANDO FL 32837

TITLE ☐ DELETE

NAME ALICEA, CARMEN M  
STREET ADDRESS 280 LA PAZ DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☐ DELETE

NAME PEREZ, JOSE A  
STREET ADDRESS 1541 AMHERST LANE  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MOB

Janice Smith

130 Tennessee Ave

St. Cloud, FL 34769

14. 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 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, with all other like empowered.

SIGNATURE:

*Monique Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99

Date

(407) 870-1870

Daytime Phone #