FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N96000004584 (6)

1. Corporation Name

INDEPENDENT CHRISTIAN ACADEMY PRIVATE SCHOOL SYSTEM, INC.

Principal Place of Business
4605 JONATHAN ST
HASTINGS FL

Mailing Address
4605 JONATHAN ST
HASTINGS FL

3. Date Incorporated or Qualified
08/30/1996

4. FEI Number
59-3405860
[ ] 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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 630 Segovia Rd.
Suite, Apt. #, etc
22
City & State
23 St. Aug. Fl.
Zip 24 32086 Country 25 USA

2a. Mailing Address
26 630 Segovia Rd.
Suite, Apt. #, etc
27
City & State
28 St. Aug. Fl.
Zip 29 32086 Country 30 USA

9. Name and Address of Current Registered Agent

SANZONE, PHYLLIS
4605 JONATHAN ST
HASTINGS FL

10. Name and Address of New Registered Agent

81 Name Virginia L. Kennedy
82 Street Address (P.O. Box Number is Not Acceptable) 630 Segovia Rd.
83
84 City St. Augustine, FL 85 Zip Code 32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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] (NOTE: Registered Agent signature required when refile filing) DATE 9/27/98

12. OFFICERS AND DIRECTORS

TITLE	DP	[X] DELETE
NAME	SANZONE, PHYLLIS	
STREET ADDRESS	4605 JONATHAN ST	
CITY-ST-ZIP	HASTINGS FL	
TITLE	DVT	[ ] DELETE
NAME	KENNEDY, VIRGINIA	
STREET ADDRESS	630 SEGOVIA RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DS	[X] DELETE
NAME	KENNEDY, GREGORY	
STREET ADDRESS	4605 JONATHAN ST	
CITY-ST-ZIP	HASTINGS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	[X] Change [ ] Addition
1.2 NAME	Kennedy, Virginia	
1.3 STREET ADDRESS	630 Segovia Rd.	
1.4 CITY-ST-ZIP	St. Aug. Fl. 32086	
2.1 TITLE	DVT	[ ] Change [X] Addition
2.2 NAME	Harper, Kathryn	
2.3 STREET ADDRESS	199 Owl Creek Rd.	
2.4 CITY-ST-ZIP	St. Aug. Fl. 32092	
3.1 TITLE	DS	[ ] Change [X] Addition
3.2 NAME	Kennedy, Jacqueline	
3.3 STREET ADDRESS	630 Segovia Rd.	
3.4 CITY-ST-ZIP	St. Aug. Fl. 32086	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: [signature] 9/27/98 904-794-5523

CR2E037 (10/97)