


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004706 (5) 1. Corporation Name COMMUNITY CHRISTIAN ACADEMY, INC.					
Principal Place of Business 29 OAKWOOD ROAD WINTER HAVEN FL 33880			Mailing Address 29 OAKWOOD ROAD WINTER HAVEN FL 33880-1055		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		
3. Date Incorporated or Qualified 09/09/1996			3a. Date of Last Report		
4. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 A Fee Required \$5.00 May Be Added to Fees		
5. Certificate of Status Desired <input type="checkbox"/>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent FRODGE, FRANCES 29 OAKWOOD ROAD WINTER HAVEN FL 33880			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME FRODGE, FRANCES STREET ADDRESS 29 OAKWOOD ROAD CITY - ST - ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME D FRODGE, DAN 1.3 STREET ADDRESS 29 OAKWOOD ROAD 1.4 CITY - ST - ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE SD NAME STICKLEN, MARY STREET ADDRESS 29 OAKWOOD ROAD CITY - ST - ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME DISCHER, EDWARD STREET ADDRESS 29 OAKWOOD ROAD CITY - ST - ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME DISCHER, ANNA STREET ADDRESS 29 OAKWOOD ROAD CITY - ST - ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MILLER, RACHEL STREET ADDRESS 29 OAKWOOD ROAD CITY - ST - ZIP WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Frances D. Frodge</u> <u>FRANCES D. FRODGE</u> 5/5/97 (941) 967-2919 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064583					

CR2E037 (9/96)