FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N96000004706 (5)

COMMUNITY CHRISTIAN ACADEMY, INC.

Principal Place of Business 29 OAKWOOD ROAD WINTER HAVEN FL 33880

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

26

29 OAKWOOD ROAD WINTER HAVEN FL 33880-1055

FILED May 20 1997 8:00am Secretary of State



3a. Date of Last Report

Applied Fo

Not Applic

Fee Required

\$5.00 May Be

Added to Fees

\$8.75 A.

3. Date Incorporated or Qualified 09/09/1996

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

PRODGE, FRANCES 29 QAKWOOD ROAD WINTER HAVEN FL 33880 80 81 Signature yield or present aims of inspersed agent aims of insp	24	Ì:	25	29	30			Florida Statutes Yes No			
FRODGE, FRANCES 29 OAKWOOD ROAD WINTER HAVEN FL 33880 ### City ##											
29 OAKWOOD ROAD WINTER HAVEN FL 33880 4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 517,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of. Section 617,0003, Florida Statutes. SIGNAT URE Synthetic provisions of Sections 517,0003 Point Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In minimal with, and accept the obligations of. Section 617,0003, Florida Statutes. SIGNAT URE Synthetic provisions of Registered agent and the fapolicable. PO	B1 Name										
29 OAKWOOD ROAD WINTER HAVEN FL 33880 4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 517,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of. Section 617,0003, Florida Statutes. SIGNAT URE Synthetic provisions of Sections 517,0003 Point Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In minimal with, and accept the obligations of. Section 617,0003, Florida Statutes. SIGNAT URE Synthetic provisions of Registered agent and the fapolicable. PO	FRODGE FRANCES						1 Chart Address (B.O. Bay Number is Not Assentable)				
WINTER HAVEN FL 33880 Sa							se Sireet Address (F.O. Box Normber is Not Acceptable)				
11. Pursuant to the provisions of Sections 617.0502 and 617.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar With and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar With and accept the obligations of Provided Statutes. Signature Tam	# *·-··										
11. Pursuant to the provisions of Sections 617.0502 and 617.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Tamiliar with, and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar With and accept the obligations of Provided Statutes. Signature Tamiliar with and accept the obligations of Provided Statutes. Signature Tamiliar With and accept the obligations of Provided Statutes. Signature Tam	Triver main territoria de deserve						Citi		les liza	i odo	
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, in thin accept the obligations of, Section 617.0503, Florida Statutory and the form of registered agent, in the state of price agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutory agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutory agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutory agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutory agent. I am familiar with a position of the property of the prop							City	F	L S Zpc	Aude	
SIGNATURE 20 CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 NAME FRODGE, FRANCES 29 OAKWOOD ROAD 13 STREET ADDRESS 29 OAKWOOD ROAD 13 STREET ADDRESS 29 OAKWOOD ROAD 22 STREET ADDRESS 21 NAME 22 NAME 22 NAME 23 STREET ADDRESS 23 OAKWOOD ROAD 23 STREET ADDRESS 23 OAKWOOD ROAD 23 STREET ADDRESS 24 CITY-ST-ZIP VINTER HAVEN FL 33880 24 CITY-ST-ZIP VINTER HAVEN FL 33880 34 CITY-ST-ZIP VINTER HAVEN FL 33880 35 STREET ADDRESS VINTER HAVEN FL 33880 35 STREET ADDRESS VINTER HAVEN FL 33880 35 STREET ADDRESS VINTER HAVEN FL 33880 36 CITY-ST-ZIP CRANGE CR	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										
SIGNATURE 20 CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 NAME FRODGE, FRANCES 29 OAKWOOD ROAD 13 STREET ADDRESS 29 OAKWOOD ROAD 13 STREET ADDRESS 29 OAKWOOD ROAD 22 STREET ADDRESS 21 NAME 22 NAME 22 NAME 23 STREET ADDRESS 23 OAKWOOD ROAD 23 STREET ADDRESS 23 OAKWOOD ROAD 23 STREET ADDRESS 24 CITY-ST-ZIP VINTER HAVEN FL 33880 24 CITY-ST-ZIP VINTER HAVEN FL 33880 34 CITY-ST-ZIP VINTER HAVEN FL 33880 35 STREET ADDRESS VINTER HAVEN FL 33880 35 STREET ADDRESS VINTER HAVEN FL 33880 35 STREET ADDRESS VINTER HAVEN FL 33880 36 CITY-ST-ZIP CRANGE CR	othice 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.										
12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13 11 11 11 11 11 11 1											
TITLE NAME FRODGE, FRANCES 29 OAKWOOD ROAD WINTER HAVEN FL 33880 TITLE SD STICKLEN, MARY SIREFADORESS 29 OAKWOOD ROAD WINTER HAVEN FL 33880 TITLE SD STICKLEN, MARY SIREFADORESS 29 OAKWOOD ROAD WINTER HAVEN FL 33880 TITLE SD STICKLEN, MARY SIREFADORESS 29 OAKWOOD ROAD WINTER HAVEN FL 33880 TITLE D STICKLEN, MARY SIREFADORESS 29 OAKWOOD ROAD WINTER HAVEN FL 33880 TITLE D SIREFADORESS CITY-SI-ZIP SIREFADORESS CITY-SI-ZIP SIREFADORESS CITY-SI-ZIP WINTER HAVEN FL 33880 TITLE D SIREFADORESS CITY-SI-ZIP DISCHER, ANNA AS SIREFADORESS SIREFADORESS CITY-SI-ZIP WINTER HAVEN FL 33880 TITLE D Change Addition Change Ch	Signature hyperd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
NAME STREET ADDRESS 29 OAKWOOD ROAD 13 STREET ADDRESS 14 CITY-ST-ZIP 29 OAKWOOD ROAD 13 STREET ADDRESS 14 CITY-ST-ZIP 29 OAKWOOD ROAD 24 CITY-ST-ZIP 29 OAKWOOD ROAD 29 STREET ADDRESS 29 OAKWOOD ROAD 29 OAKWOOD ROAD 30 STREET ADDRESS 29 OAKWOOD ROAD 30 STREET ADDRESS 29 OAKWOOD ROAD 30 STREET ADDRESS 29 OAKWOOD ROAD 34 CITY-ST-ZIP 37 STREET ADDRESS 34 CITY-ST-ZIP 37 STREET ADDRESS 35 STREET ADD	12.		OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS			
STREET ADDRESS 29 OAKWOOD ROAD 13 STREET ADDRESS 29 OAKWOOD ROAD 13 STREET ADDRESS 14 CMY - ST - 2IP	TITLE			L DELI	ETE 1	.1 TITLE		Danson	L	✓ Addition	
Addition Change Change Addition Change Change Addition Change Change Addition Change Chang	NAME				1 1	2 NAME		PRODUE, DAN		1	
TITLE SD DELETE 2.1 TITLE 2.4 Addition NAME STICKLEN, MARY 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 29 OAKWOOD ROAD 23 STREET ADDRESS 24 CITY-ST-ZIP TITLE D D DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE 5.1 T	STREET ADDRESS				1	.3 STREE1	ADDRESS	24 DAKWOO KOMO		Į	
NAME STICKLEN, MARY 22 NAME 29 OAKWOOD ROAD 23 STREET ADDRESS 24 CITY-ST-ZIP	CITY - ST - ZIP	WINTER	HAVEN FL 33880			4 CITY-5	T-ZIP	WINTER HAVEN PL 55800			
STREET ADDRESS 29 OAKWOOD ROAD 23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE	SD DELETÉ			ETE 2	.1 TITLE			Change	Addition	
CITY_S1-ZIP	NAME	STICKLE	en, mary		2	.2 NAME				j	
TITLE D DELETE 3.1 TITLE	STREET ADDRESS	29 OAK	wood road		5	.3 STREET	ADDRESS		•		
NAME DISCHER, EDWARD 32 NAME 33 STREET ADDRESS 29 OAKWOOD ROAD 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 34 CITY-ST-ZIP TITLE DISCHER, ANNA 4.2 NAME STREET ADDRESS 29 OAKWOOD ROAD 4.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 44 CITY-ST-ZIP TITLE D Change Addition MILLER, RACHEL 5.1 TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.4 CITY-ST-ZIP TITLE D Change Addition STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.4 CITY-ST-ZIP TITLE CTANGE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.4 CITY-ST-ZIP TITLE CTANGE STREET ADDRESS CITY-ST-ZIP CANGE STREET ADDRESS STREET ADD	CITY-S1-ZIP	WINTER	HAVEN FL 33880			4 CITY-1	ST-ZIP	<u> </u>			
STREET ADDRESS 29 OAKWOOD ROAD 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE	D DELETE		ETE 3	.1 TITLE			Change	☐ Addition		
CITY-ST-ZIP WINTER HAVEN FL 33880 3.4 CITY-ST-ZIP TITLE D Change Addition NAME DISCHER, ANNA 4.2 HAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 4.4 CITY-ST-ZIP WINTER HAVEN FL 33880 4.4 CITY-ST-ZIP WINTER HAVEN FL 33880 4.4 CITY-ST-ZIP TITLE D Change Addition Addition Change Addition STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.2 NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.4 CITY-ST-ZIP TITLE Change Addition Change Addition Change Addition STREET ADDRESS	NAME	DISCHE	r, edward		3	2 NAME					
TITLE D DELETE 4.1 TITLE Change Addition NAME DISCHER, ANNA \$1	STREET ADDRESS	29 OAK	WOOD ROAD		3	.3 STREET	ADORESS	·			
NAME DISCHER, ANNA 29 OAKWOOD ROAD 4.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 44 CITY-ST-ZIP TITLE D Change Addition NAME MILLER, RACHEL 5.2 NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	WINTER	HAVEN FL 33880		3	4. CITY-	ST-ZIP				
STREET ADDRESS 29 OAKWOOD ROAD 4.3 STREET ADDRESS	TITLE	D		☐ DEL	ETE 4	.1 TITLE			☐ Change	Addition	
CITY-SI-ZIP	NAME	DISCHE	r, anna		14	. 2 NAME		1			
TITLE D DELETE 5.1 TITLE Change Addition NAME MILLER, RACHEL 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS	29 OAK	WOOD ROAD		4	.3 STREET	ADDRESS				
NAME MILLER, RACHEL 5.2 NAME 29 OAKWOOD ROAD 5.3 STREET ADDRESS CHTY-ST-ZIP	CITY-ST-ZIP	WINTER	HAVEN FL 33880		[4	4 CITY-5	T-ZIP				
STREET ADDRESS 29 OAKWOOD ROAD 5.3 STREET ADDRESS WINTER HAVEN FL 33880 5.4 CITY - 51 - 21P	TITLE			DEL	ETE 5	1 TITLE			Change	Addition	
CHY-ST-ZIP WINTER HAVEN FL 33880 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME	MILLER.	RACHEL		5	.2 NAME		· ·			
CHY-ST-ZIP WINTER HAVEN FL 33880 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS	29 OAK	WOOD ROAD		5	3 STREET	ADDRESS	(ĺ	
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	CITY-ST-ZIP				5	.4 CITY-9	ST-ZIP				
STREET ADDRESS 6.3 STREET ADDRESS				☐ DEL					Change	Addition	
	NAME				6	2 NAME				ļ	
	STREET ADDRESS				1 6	.3 STREET	ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				1					[
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. Further certify that the	14. Ldo hereb	y certify that	the information supplied	with this filing does no	of qualify for	he exe	motion s	stated in Section 119.07(3)(i), Florida Statutes. I fur	ther 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											