SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600005406 (1)

FILED
Jul 09 1998 8:00am §
Secretary of State

PALMET	TO CHRISTIAN SCHOOL, IN	IC.								
Principal Piac	ce of Business	Mailing Address		,		E OBOSCIOL BEO LOISO OLSAF OBSIS DOSS	Maket Abelte de	fal arkit di	DAN BERNA E	111 1881
1401 14TH AVENUE. W PALMETTO FL 34221		1401 14TH AVENUE. W PALMETTO FL 34221		[3. Date Incorporated or Qualified 10/21/1996					
						4. FEI Number 59-2770897		-	Applied Not Ap	
	Place of Business	2a. Mailing Address						\$8.7	5 Addit	
21 Suite Ast		26				5. Certificate of Status Desired			Require	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	П		0 May l	- !
City & Sta	ıla	City & State				7. Is this nonprofit corporation a h	omeoumers		d to Fee	ıs
23		28				7. Is this horiprofit corporation a f	Yes [No	HOH?	- 1
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has pa	aid the curr	ent year	Intangib	le
24	25	29	30			Personal Property Tax due Jun		Yes	∐ No	
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New R	egistered /	agent		
MATHEWA	S, TALMADGE L]			70 5 Novi 1- N				
	H AVENUE, W			82 Street	Address	s (P.O. Box Number is Not Acceptat	ole)			[
	O FL 34221		Ì	83						
			ł	84 City				85 2	ip Code	
44 Burniant	to the provisions of sections 617.0502	and 617 1509 Florido Ptotutos	the about		macalia	n authorite this statement for the num	<u>FL</u>	Jalon Ho	ropistore	
office or r	egist ere d agent, or both, in the State o	f Florida. Such change was au	thorized b	y the corpo	oration's	board of directors. I hereby accept t	he appoint	nent as i	egistere	ď
}		ons of, section 617.0503, Flori	da Statute	98.						ļ
SIGNATURE				:	re required	when reinstating)	DATE			_]
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signati	re required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIREC	TORS	
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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

Shelma L. Arneld Tressurer

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-98

941-729-3800