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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005427 (7)

1. Corporation Name

TLC CHRISTIAN ACADEMY, INC.



Principal Place of Business

Mailing Address

328 NW 2ND AVE
DELRAY BEACH FL 33444328 NW 2ND AVE
DELRAY BEACH FL 33444-27223. Date Incorporated or Qualified
10/21/19963a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 328 NW 2nd Ave

26 328 NW 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 Delray Beh FL

28 Delray Beh FL

Zip

Zip

Country

Country

24 33444

25 Palm Beh

29 33444

30 Palm Beh

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWENS, QUEEN
328 NW 2ND AVE
DELRAY BEACH FL 33444

81 Name Owens Queen

82 Street Address (P.O. Box Number is Not Acceptable)

83 328 NW 2nd Ave

84 City Delray Beh

FL

85 Zip Code 33444

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

Queen E. Owens

1/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OWENS, QUEEN E
STREET ADDRESS 328 NW 2ND AVE
CITY-ST-ZIP DELRAY BEACH FL 334441.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD
NAME OWENS, KRISTI
STREET ADDRESS 222 SW 2ND AVE
CITY-ST-ZIP DELRAY BEACH FL 334442.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD
NAME HARRIS, TEQUILLA D
STREET ADDRESS 917 N D ST
CITY-ST-ZIP LAKE WORTH FL 334443.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Queen E. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/96

Daytime Phone # 0043078

561 276 2626

CR2E037 (9/96)