## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## FILED Feb 24 1998 8:00am Secretary of State

<u>'</u>	1998	DIVISION OF CO	ORPORATIONS	Secretary	or State
DOCUI 1. Corporation	MENT # N9700	0003584 (6)			
ORLAN NC.	DO REGIONAL CHRISTIAN	EDUCATIONAL SYSTEM	M, I		1111 1111 1111 1111 1111 1111 1111 1111 1111
Principal Place	e of Business	Mailing Address			00100 11101 81101 10111 0111 1001
		500 S. SEMORAN BLVD. ORLANDO FL 32807		3. Date Incorporated or Qualified 06/20/1997	
				4. FEI Number 59-346 1180	Applied For Not Applicable
2. Principal Pi	face of Business	2a. Mailing Address 26		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apl. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
23	o	28		7. Is this nonprofit corporation a homeowr	lers association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Registers	d Agent
ILLENTY DALAD A				(D.O. Boy Number in Net Accordable)	
500 S. SEMORAN BLVD.			Street Add	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32807			83		
			84 City		85 Zip Code
11 Pursuant	to the evaluelone of Sections 617.050	12 and 617 1508 Florida Statute	the above pamed cove	Population submits this statement for the purpose	
office or r	registered agent, or both, in the State	of Florida. Such change was au ations of Section 617,0503. Flor	uthorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE .	intrialitiliar with, and accept the oblig	alions of, acclidit 617,0000, Flor	itia Statutes.		
₹	Signature, typed or printed name of registered agent and title if applicable (NOTE		Registered Agent signature requi		
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	JANNEY, DAVID A	Dittert	1.2 NAME		
STREET ADDRESS	500 S. SEMORAN BLVD.		1.3 STREET ADDRESS		
CHTY-ST-ZIP	ORLANDO FL 32807		1.4 CITY - ST- ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JANNEY, AL		2.2 NAME		
STREET ADDRESS	500 S. SEMORAN BLVD. ORLANDO FL 32807		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D PL 32007	DELETE	2.4 CITY-ST-ZIP 3.1 TITUE		Change Addition
NAME	STOKES, KEITH		3.2 NAME		_ · · • _ · · · ·
STREET ADDRESS	500 S. SEMORAN BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change   Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<del></del> "	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	Cartify that the Information supplied w	vith 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 supplied with this little dealing to the exemption stated in Section 118.07(3)), Florida Statutes. Find the corporation or the receiver of the tip 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.