

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004724

1. Entity Name

FAMILIES OF FAITH CHRISTIAN SCHOOL, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90075 007 ****61.25

Principal Place of Business 114 CUMBO ROAD HOLLISTER FL 32147	Mailing Address P.O. BOX 917 HOLLISTER FL 32147-0917
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2. Principal Place of Business 390 CR 315 S.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Interlachen, Florida	City & State
Zip 32148	Country Putnam



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOMONTOWSKI, JOSEPH A 114 CUMBO ROAD HOLLISTER FL 32147	
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7. Name and Address of New Registered Agent	
Name same - Joseph Homontowski	
Street Address (P.O. Box Number is Not Acceptable) 390 CR 315 south	
City Interlachen	FL Zip Code 32148

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMONTOWSKI, JOSEPH A P.O. BOX 308 N/A HOLLISTER FL 32147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMONTOWSKI, PENNY L P.O. BOX 308 N/A HOLLISTER FL 32147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAMES T ROUTE 3 BOX 5700 PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Penny Homontowski 3-27-2000 904-684-6147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)