

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90182 004 \*\*\*\*61.25

<b>DOCUMENT # N97000004724</b>					
<b>1. Entity Name</b> FAMILIES OF FAITH CHRISTIAN SCHOOL, INC.					
<b>Principal Place of Business</b> 3920 WEAVES RD. PALATKA, FL 32177			<b>Mailing Address</b> PO BOX 348 PALATKA, FL 32178		
<b>2. Principal Place of Business</b> 3920 Weaves Rd.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3503857	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DANIEL R. BOSS 121 PALM TRAIL EAST PALATKA, FL 32131			<b>7. Name and Address of New Registered Agent</b> Name <u>Daniel R. Bass</u> Street Address (P.O. Box Number is Not Acceptable) <u>533 SR 207A</u> City <u>E. Palatka</u> <b>FL</b> Zip Code <u>32131</u>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNES, RAYFORD 274 CR 207-A EAST PALATKA, FL 32131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, DANIEL R 121 PALM TRAIL EAST PALATKA, FL 32131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARMEN 121 PALM TRAIL EAST PALATKA, FL 32131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> <u>Carmen R. Bass</u> <u>Carmen R. Bass</u> <u>4-25-05</u> <u>386-328-0286</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50044839



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