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04-30-1999 90142 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000005183**

1. Corporation Name

FAITH CHRISTIAN SCHOOL OF CITRUS COUNTY, INCORPO RATED

460466 - 90142 - 29

Principal Place of Business	Mailing Address
9870 WEST FORT ISLAND TRAIL CRYSTAL RIVER FL 34428	POST OFFICE BOX 480 CRYSTAL RIVER FL 34428

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/11/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3469805 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRIFFIN, RUSSELL A FATHER
9870 WEST FORT ISLAND TRAIL
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HARLEY, PAUL B		1.2 NAME	GRIFFIN, CYNTHIA	
STREET ADDRESS	3404 S MICHIGAN BLVD		1.3 STREET ADDRESS	7208 W. MILWE LN	
CITY-ST-ZIP	HOMOSASSA FL 34448		1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	A	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHERNENKO, CHERYL		2.2 NAME		
STREET ADDRESS	5182 N ANDRI DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, BARBARA		3.2 NAME		
STREET ADDRESS	1125 N CRESCENT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARLEY, LINDA H		4. 2 NAME		
STREET ADDRESS	3404 S MICHIGAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, FR R		5.2 NAME		
STREET ADDRESS	7208 W MILWE LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCGHEE, SUSAN S		6.2 NAME		
STREET ADDRESS	3 SYCAMORE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34446		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/99 352-628-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #