

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90056 019 \*\*\*\*61.25

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**DOCUMENT # N97000005816**

1. Corporation Name

**ST. MARY'S CHRISTIAN ACADEMY, INC.**Principal Place of Business  
**101 HOMEWOOD BOULEVARD  
DELRAY BEACH FL 33445**Mailing Address  
**101 HOMEWOOD BOULEVARD  
DELRAY BEACH FL 33445**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**10/14/1997**

4. FEI Number

**65-0790918**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**LENDRY, JOSEPH  
2565 S OCEAN BLVD  
SUITE N-106  
DELRAY BEACH FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **LANGLEY, BRENT**  
STREET ADDRESS **2964 NEEDHAM COURT**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE **VD** ☒ DELETE  
NAME **BIEGLER, GEORGE**  
STREET ADDRESS **POST OFFICE BOX 1335**  
CITY-ST-ZIP **DELRAY BEACH FL 33447**TITLE **SD** ☐ DELETE  
NAME **MORITZ, LYNDIA J**  
STREET ADDRESS **6425 MONTEREY PINE LAND**  
CITY-ST-ZIP **LANTANA FL 33462**TITLE **TD** ☒ DELETE  
NAME **WELLS, JAMES R**  
STREET ADDRESS **3837 QUAIL RIDGE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**TITLE **D** ☒ DELETE  
NAME **BRANDT, EDISON R**  
STREET ADDRESS **2395 SOUTH OCEAN BOULEVARD**  
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**TITLE **D** ☒ DELETE  
NAME **NOWLIN, JAMES W JR**  
STREET ADDRESS **3860 LONE PINE ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Marie Been**  
1.3 STREET ADDRESS **15 N. W. 24th St.**  
1.4 CITY-ST-ZIP **Delray Beach, FL 33444**2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **Tam Knight**  
2.3 STREET ADDRESS **3001 Linton Ave., 201C**  
2.4 CITY-ST-ZIP **Delray Beach, FL 33445**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **Sarah Redmond**  
4.3 STREET ADDRESS **6010 Citrine Ct.**  
4.4 CITY-ST-ZIP **Boynton Beach, FL 33437**5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Bill Wilson**  
5.3 STREET ADDRESS **Bldg 1, #416, 2649 F. Blvd.**  
5.4 CITY-ST-ZIP **Delray Beach, FL 33483**6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Brent Langley**  
6.3 STREET ADDRESS **2964 Needham Court**  
6.4 CITY-ST-ZIP **Delray Beach, FL 33445**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)