

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90294 003 \*\*\*\*\*8.75

05-06-1999 90294 004 \*\*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

DOCUMENT # N98000005745

Corporation Name

MAXWELL ACADEMY CHRISTIAN SCHOOL, INC.

Principal Place of Business  
 035 W CENTRAL BLVD.  
 ORLANDO FL 32805

Mailing Address  
 2035 W CENTRAL BLVD.  
 ORLANDO FL 32805



|                                                 |  |                     |  |                                                                                                     |  |
|-------------------------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------------------|--|
| Principal Place of Business                     |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                                   |  |
| 26                                              |  | 2035 W. Central     |  | 10/06/1998                                                                                          |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                       |  |
| 27                                              |  |                     |  | 31-1622884                                                                                          |  |
| City & State                                    |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 28                                              |  |                     |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |  |
| Zip                                             |  | Zip                 |  | Country                                                                                             |  |
| 25                                              |  | 29                  |  | 30                                                                                                  |  |
| 9. Name and Address of Current Registered Agent |  |                     |  |                                                                                                     |  |
| 10. Name and Address of New Registered Agent    |  |                     |  |                                                                                                     |  |

MAXWELL, FRED L  
 2035 W CENTRAL BLVD.  
 ORLANDO FL 32805

|                                                       |                      |             |
|-------------------------------------------------------|----------------------|-------------|
| 81 Name                                               | Fred L. Maxwell      |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2035 W. Central Blvd |             |
| 83 City                                               | Orlando FL 32805     |             |
| 84 City                                               | FL                   | 85 Zip Code |

1. 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 *Fred L. Maxwell*

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/1999

| 2. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|---------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                     | 10                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | MAXWELL, FRED L         | 1.2 NAME                                              | President                                                         |
| STREET ADDRESS            | 2035 W CENTRAL BLVD.    | 1.3 STREET ADDRESS                                    | Fred L. Maxwell                                                   |
| CITY-ST-ZIP               | ORLANDO FL 32805        | 1.4 CITY-ST-ZIP                                       | 2035 W. Central Blvd                                              |
| TITLE                     | D                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | MAXWELL, NORWEIDA       | 2.2 NAME                                              | Norweida Maxwell                                                  |
| STREET ADDRESS            | 2035 W CENTRAL BLVD.    | 2.3 STREET ADDRESS                                    | 2035 W. Central Blvd                                              |
| CITY-ST-ZIP               | ORLANDO FL 32805        | 2.4 CITY-ST-ZIP                                       | Orlando, FL 32805                                                 |
| TITLE                     | D                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | MCCOY, ELLA             | 3.2 NAME                                              | Ellen McCoy                                                       |
| STREET ADDRESS            | 2231 CINDY COURT        | 3.3 STREET ADDRESS                                    | 2231 Cindy Ct                                                     |
| CITY-ST-ZIP               | ORLANDO FL 32818        | 3.4 CITY-ST-ZIP                                       | Orlando FL 32818                                                  |
| TITLE                     | D                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | HUNTER, DEBRA           | 4.2 NAME                                              | Debra Hunter                                                      |
| STREET ADDRESS            | 1896 BLUE FOX COURT     | 4.3 STREET ADDRESS                                    | 1896 Blue Fox Ct                                                  |
| CITY-ST-ZIP               | ORLANDO FL 32825        | 4.4 CITY-ST-ZIP                                       | ORLANDO FL 32825                                                  |
| TITLE                     | D                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | BROWN, LEWIS            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS            | 679 KISSIMMEE PLACE     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP               | WINTER SPRINGS FL 32708 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                     | D                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | FEDRICK, DORETHA        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS            | 2452 ATRIUM CIRCLE      | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP               | ORLANDO FL 32808        | 6.4 CITY-ST-ZIP                                       |                                                                   |

4. 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: *Fred L. Maxwell* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Fred L. Maxwell*  
 President

4/27/99 (407) 425-7728  
 Date Daytime Phone #

CRZE037 (1/98)