

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 15 AM 11:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P29973 (5)

1. Corporation Name

**OKINAWA CHRISTIAN SCHOOL MISSION, A NEW JERSEY N
ON-PROFIT CORPORATION**

Principal Place of Business

Mailing Address

**1635 N.W. 7TH PLACE
GAINESVILLE FL 32603**

**1635 N.W. 7TH PLACE
GAINESVILLE FL 32603**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1990

3a. Date of Last Report

03/17/1994

4. FEI Number

23-7057861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

City & State

Suite, Apt. #, etc.

23

27

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRENINGER, ALTON R.
1635 N.W. 7TH PLACE
GAINESVILLE FL 32603**

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC**
NAME **WARGULA, WILLIAM**
STREET ADDRESS **1538 AZA SHIMABUKURO, Kitanakagusuku**
CITY-ST-ZIP **OKINAWA JA**

1.1 TITLE **D**
1.2 NAME **MURRAY, MARTHA**
1.3 STREET ADDRESS **1438-1 AZA MAEDA, URASOE CITY**
1.4 CITY-ST-ZIP **OKINAWA, JA**

☐ Change ☒ Addition

TITLE **DV**
NAME **REASONER, JONATHAN**
STREET ADDRESS **3-34-3 AWASE, OKINAWA CITY**
CITY-ST-ZIP **OKINAWA JA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **GOOLDE, GEORGE**
STREET ADDRESS **1291 MATSUMOTO, OKINAWA CITY**
CITY-ST-ZIP **OKINAWA JA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DS**
NAME **JONES, LAURENCE**
STREET ADDRESS **A CO., H&S BN, MCB, UNIT 35005**
CITY-ST-ZIP **OKINAWA JA**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **GODWIN, DAN**
STREET ADDRESS **23-12-2 OYAMA, BLDG. 266, GINOWAN**
CITY-ST-ZIP **OKINAWA JA**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **GIESCHEN, PAUL A**
STREET ADDRESS **543 MINATOGAWA C-9, URASOE**
CITY-ST-ZIP **OKINAWA JA**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Paul A. Gieschen

Paul A. Gieschen

2/24/95

0988-77-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #