

FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32603-1235



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1990		3a. Date of Last Report 04/17/1996	
21		26		4. FEI Number 23-7057861		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WARGULA, WILLIAM	1.2 NAME					
STREET ADDRESS	1538 AZA SHIMABUKURO, KITANAKAGUSUKU	1.3 STREET ADDRESS					
CITY-ST-ZIP	OKINAWA JA	1.4 CITY-ST-ZIP					
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	REASONER, JONATHAN	2.2 NAME					
STREET ADDRESS	3-34-3 AWASE, OKINAWA CITY	2.3 STREET ADDRESS					
CITY-ST-ZIP	OKINAWA JA	2.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BROOKS, JAMES	3.2 NAME					
STREET ADDRESS	111 ONISHI TERRACE, KITANAKAGUSUKU-SON	3.3 STREET ADDRESS					
CITY-ST-ZIP	OKINAWA JA	3.4 CITY-ST-ZIP					
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	OHASHI, CULLEN	4.2 NAME					
STREET ADDRESS	982 YOGI, #1280 AWASE, OKINAWA CITY	4.3 STREET ADDRESS					
CITY-ST-ZIP	OKINAWA JA	4.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WHITE, MICHAEL	5.2 NAME					
STREET ADDRESS	PSC 557 BOX 237 FPO AP 96379-0237	5.3 STREET ADDRESS					
CITY-ST-ZIP	OKINAWA JA	5.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GIESCHEN, PAUL A	6.2 NAME	D				
STREET ADDRESS	543 MINATOGAWA C-9, URASOE	6.3 STREET ADDRESS	GIESCHEN, PAUL A				
CITY-ST-ZIP	OKINAWA JA	6.4 CITY-ST-ZIP	1835 Aza Zakimi, Yomitan-son				
			Okinawa, Japan 904-03				

14. I do 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.

CR2E037 (9/96)