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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1635 N.W. 7TH PLACE GAINESVILLE FL 32603	Mailing Address 1635 N.W. 7TH PLACE GAINESVILLE FL 32603
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
06/27/1990

4. FEI Number
23-7057861

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WARGULA, WILLIAM	
STREET ADDRESS	1538 AZA SHIMABUKURO, KITANAKAGUSUKU	
CITY-ST-ZIP	OKINAWA JA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	REASONER, JONATHAN	
STREET ADDRESS	3-34-3 AWASE, OKINAWA CITY	
CITY-ST-ZIP	OKINAWA JA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, JAMES	
STREET ADDRESS	111 ONISHI TERRACE, KITANAKAGUSUKU-SON	
CITY-ST-ZIP	OKINAWA JA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	OHASHI, CULLEN	
STREET ADDRESS	982 YOGI, #1280 AWASE, OKINAWA CITY	
CITY-ST-ZIP	OKINAWA JA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, MICHAEL	
STREET ADDRESS	PSC 557 BOX 237 FPO AP 96379-0237	
CITY-ST-ZIP	OKINAWA JA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIESCHEN, PAUL A	
STREET ADDRESS	1835 AZA ZAKIMI, YOMMITAN-SON	
CITY-ST-ZIP	OKINAWA JA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURRAY, MARTHA B.	
1.3 STREET ADDRESS	1438-1 Aza Maeda	
1.4 CITY-ST-ZIP	Urasoe City, Okinawa Japan 901-02	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KUHLMAN, BRUCE	
2.3 STREET ADDRESS	2-23-12 Oyama	
2.4 CITY-ST-ZIP	Ginowan City, Okinawa Japan 901-2223	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVIS, RICHARD	
3.3 STREET ADDRESS	PSC 80, Box 18023	
3.4 CITY-ST-ZIP	APC AP 96367-8023	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OHASHI, CULLEN	
4.3 STREET ADDRESS	982 Yogi, #1280 Awase	
4.4 CITY-ST-ZIP	Okinawa City, Okinawa Japan 904-2127	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MORENO, JAIRO	
5.3 STREET ADDRESS	PSC 557, Box 3122	
5.4 CITY-ST-ZIP	FPO AP 96379-3122	
6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANKLIN, JAMES	
6.3 STREET ADDRESS	2-27-14 Oyama	
6.4 CITY-ST-ZIP	Ginowan City, Okinawa Japan 901-2223	

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.

SIGNATURE: **CULLEN A. OHASHI** February 5, 1998 098-958-3000

CR2E037 (1097)