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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P29973

1. Corporation Name

OKINAWA CHRISTIAN SCHOOL MISSION, A NEW JERSEY NON-PROFIT CORPORATION

Principal Place of Business

1635 N.W. 7TH PLACE
 GAINESVILLE FL 32603

Mailing Address

1635 N.W. 7TH PLACE
 GAINESVILLE FL 32603



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/27/1990

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

9. Name and Address of Current Registered Agent

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

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	DC	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, MARTHA B	
STREET ADDRESS	1438-1 AZA MAEDA URASOE CITY	
CITY-ST-ZIP	OKINAWA, JAPAN 901-02	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KUHLMAN, BRUCE	
STREET ADDRESS	2-23-12-OYAMA	
CITY-ST-ZIP	GINOWAN CITY, JAPAN 901-2223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, JAMES	
STREET ADDRESS	111 ONISHI TERRACE, KITANAKAGUSUKU-SON	
CITY-ST-ZIP	OKINAWA JA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OHASHI, CULLEN	
STREET ADDRESS	982 YOGI, #1280 AWASE, OKINAWA CITY	
CITY-ST-ZIP	OKINAWA, JAPAN 904-2127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, JAIRO	
STREET ADDRESS	PSC 557 BOX 3122 FPO AP 96379-3122	
CITY-ST-ZIP	OKINAWA JA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FRANKLIN, ARDITH A	
STREET ADDRESS	2-27-2 OYAMA GINOWAN CITY	
CITY-ST-ZIP	OKINAWA, JAPAN 901-2223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TILLIPAUGH, TODD	
1.3 STREET ADDRESS	PSC 80, BOX 10859	
1.4 CITY-ST-ZIP	APO AP 96367-0859	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCDOWELL, MARC	
2.3 STREET ADDRESS	PSC 482, BOX 2774	
2.4 CITY-ST-ZIP	FPO AP 96362-2774	
3.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REASONER, JONATHAN	
4.3 STREET ADDRESS	1395-5 NS MANSION, NS-7, SOBE, YOMITAN	
4.4 CITY-ST-ZIP	OKINAWA, JAPAN 904-0304	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Cullen A. Ohashi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99
 Date

81-098-958-3000
 Daytime Phone #

CR2E037 (1/98)