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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 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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/27/1990

4. FEI Number

23-7057861

Applied For

Not Applicable

22 City & State

23 Zip

Country

27 City & State

28 Zip

Country

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** ☒ DELETE

NAME **MURRAY, MARTHA B**
STREET ADDRESS **1438-1 AZA MAEDA URASOE CITY**
CITY-ST-ZIP **OKINAWA, JAPAN 901-02**

TITLE **DT** ☐ DELETE

NAME **KUHLMAN, BRUCE**
STREET ADDRESS **2-23-12-OYAMA**
CITY-ST-ZIP **GINOWAN CITY, JAPAN 901-2223**

TITLE **D** ☐ DELETE

NAME **BROOKS, JAMES**
STREET ADDRESS **111 ONISHI TERRACE, KITANAKAGUSUKU-SON**
CITY-ST-ZIP **OKINAWA JA**

TITLE **D** ☐ DELETE

NAME **OHASHI, CULLEN**
STREET ADDRESS **982 YOGI, #1280 AWASE, OKINAWA CITY**
CITY-ST-ZIP **OKINAWA, JAPAN 904-2127**

TITLE **D** ☒ DELETE

NAME **MORENO, JAIRO**
STREET ADDRESS **PSC 557 BOX 3122 FPO AP 96379-3122**
CITY-ST-ZIP **OKINAWA JA**

TITLE **DS** ☐ 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** ☐ Change ☒ Addition

1.2 NAME **TILLAPPAUGH, TODD**
1.3 STREET ADDRESS **PSC 80, BOX 10859**
1.4 CITY-ST-ZIP **AP 96367-0859**

2.1 TITLE **D** ☐ Change ☒ 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** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ 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 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

2/3/99

81-098-958-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)