

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000011933 (4)

1. Corporation Name

THOMAS, LOUISE, CHARLES CHRISTIAN ACADEMY INC.

Principal Place of Business

Mailing Address

328 NW 2ND AVENUE  
DELRAY BEACH FL 33444

328 NW 2ND AVENUE  
DELRAY BEACH FL 33444-2722



2. Principal Place of Business

2a. Mailing Address

21 328 n.w. 2nd ave  
Suite, Apt. #, etc.

26 328 NW 2nd ave  
Suite, Apt. #, etc.

22 n/a

27 n/a

23 Delray Bch FL  
City & State

28 Delray Bch FL  
City & State

24 33444 25 Palm Bch  
Zip Country

29 33444 30 Palm Bch  
Zip Country

3. Date Incorporated or Qualified  
02/07/1996

3a. Date of Last Report  
n/a

4. FEI Number  
65-0618409

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OWENS, QUEEN E  
328 NW 2ND AVENUE  
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name Owens, Queen E  
82 Street Address (P.O. Box Number is Not Acceptable)  
328 NW 2nd Ave  
83  
84 City Delray Bch FL 85 Zip Code 33444

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 Queen E. Owens

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/7/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OWENS, QUEEN E	
STREET ADDRESS	328 NW 2ND AVENUE	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HARRIS, TEQUILLA O	
STREET ADDRESS	917 N D STREET	
CITY - ST - ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAN, LISA O	
STREET ADDRESS	1100 SW 4TH AVE, APT 8C	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, THOMAS	
STREET ADDRESS	222 SW 13TH	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OWENS, KRISTIE M	
STREET ADDRESS	222 SW 13TH AVE	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Queen E. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)