

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011933 (4)
1. Corporation Name
THOMAS, LOUISE, CHARLES CHRISTIAN ACADEMY INC.



Principal Place of Business 328 NW 2ND AVENUE DELRAY BEACH FL 33444	Mailing Address 328 NW 2ND AVENUE DELRAY BEACH FL 33444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1996	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 65-0618409	Applied For Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OWENS, QUEE E 328 NW 2ND AVENUE DELRAY BEACH FL 33444	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, QUEE E	1.2 NAME	
STREET ADDRESS	328 NW 2ND AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	1.4 CITY - ST - ZIP	
TITLE	VT HARRIS, TEQUILLA O 917 N D STREET LAKE WORTH FL 33460	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, TEQUILLA O	2.2 NAME	
STREET ADDRESS	917 N D STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33460	2.4 CITY - ST - ZIP	
TITLE	D DEAN, LISA O 1100 SW 4TH AVE, APT 8C DELRAY BEACH FL 33444	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, LISA O	3.2 NAME	
STREET ADDRESS	1100 SW 4TH AVE, APT 8C	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	3.4 CITY - ST - ZIP	
TITLE	D OWENS, THOMAS 222 SW 13TH DELRAY BEACH FL 33444	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, THOMAS	4.2 NAME	
STREET ADDRESS	222 SW 13TH	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	4.4 CITY - ST - ZIP	
TITLE	S OWENS, KRISTIE M 222 SW 13TH AVE DELRAY BEACH FL 33444	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, KRISTIE M	5.2 NAME	
STREET ADDRESS	222 SW 13TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tequilla Harris 2/10/98 561 278315

CR2E034 (10/97)