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FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P97000081916 (3)

1. Corporation Name
CHRISTIAN HOMESCHOOL ATHLETIC ASSOCIATION OF FLO RIDA, INC.



Principal Place of Business
**2378 N FEDERAL HWY
 FT LAUDERDALE FL 33305**

Mailing Address
**2378 N FEDERAL HWY
 FT LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/19/1997

4. FEI Number **65-0783430** 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **103 Royal Park Dr.**
 Suite, Apt. #, etc.

22 **#4-E**
 City & State

23 **Fort Lauderdale, FL**
 Zip Country

24 **33309** 25 **USA**

2a. Mailing Address

26 **103 ROYAL PARK DRIVE**
 Suite, Apt. #, etc.

27 **#4-E**
 City & State

28 **Fort Lauderdale, FL**
 Zip Country

29 **33309** 30 **USA**

9. Name and Address of Current Registered Agent

ANDREASSEN, RICK
2378 N FEDERAL HWY
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
103 Royal Park Drive #4-E

83

84 City **Fort Lauderdale** FL 85 Zip Code **33309**

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

TITLE DELETE

NAME **D-P-S-T RICK ANDREASSEN**

STREET ADDRESS **P.O. Box 10843**

CITY-ST-ZIP **Pompano Bch, FL 33061**

TITLE DELETE

NAME **Ronald Morrison**

STREET ADDRESS **P.O. Box 10843**

CITY-ST-ZIP **Pompano Bch, FL 33061**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **103 Royal Park Drive #4-E**

1.4 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **1 Royal Palm Drive**

2.4 CITY-ST-ZIP **Fort Lauderdale, FL 33301-1408**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 **2000025666**

6.4 CITY-ST-ZIP **06/19/98-01114-034**
*****150.00**

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: *[Signature]* Date **4/28/98 (954) 717-4428**

CP2E034 (10/97)