


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

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**NT # G86846 (4)**  
**CHRISTIAN SCHOOL & CHILD CARE, INC.**



of Business Mailing Address  
MARY ROAD 1802 LONGWOOD-LAKE MARY ROAD  
32750 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/28/1984</b>	
26		27		4. FEI Number <b>59-2391867</b>	
27		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		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	
Country		Zip		Country	

**9. Name and Address of Current Registered Agent**

**MELINDA**  
**ST.**  
**32750**

**10. Name and Address of New Registered Agent**

<b>B1</b>	Name
<b>B2</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>	
<b>B4</b>	City
<b>B5</b>	Zip Code

I certify 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 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

(REG) Registered Agent signature required when reappointed

(DAR)

**OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>PST</b> <b>PANGLE, MELINDA S</b> <b>109 MOUND ST.</b> <b>LONGWOOD FL</b> <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VSD</b> <b>HAMMAN, JENNIFER P.</b> <b>328 HEATHER ST.</b> <b>LONGWOOD FL</b> <input checked="" type="checkbox"/> DELETE	<b>vs:</b> 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hodlick Tonya D</b> <b>631 Holbrook Circle</b> <b>Lake Mary, FL</b>
<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>Maziarz Kathleen</b> <b>203 Flamingo Dr</b> <b>Sanford FL 32771</b>
<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 13 if changed, or on an attachment with an address.

**FILE:** Melinda S Pangle Melinda S Pangle 4/17/98 10791

CR2E034 (10/97)