


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005183 (5)
1. Corporation Name
FAITH CHRISTIAN SCHOOL OF CITRUS COUNTY, INCORPORATED



Principal Place of Business 9870 WEST FORT ISLAND TRAIL CRYSTAL RIVER FL 34428	Mailing Address POST OFFICE BOX 480 CRYSTAL RIVER FL 34428
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3. Date Incorporated or Qualified 09/11/1997	
4. FEI Number 59-3469805	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GRIFFIN, RUSSELL A FATHER
9870 WEST FORT ISLAND TRAIL
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P PAUL B. HARLEY
STREET ADDRESS		1.3 STREET ADDRESS	3404 S. MICHIGAN BLVD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Y CHERYL CHERNENKO
STREET ADDRESS		2.3 STREET ADDRESS	5122 N. ANDRI DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	T BARBARA MARTIN
STREET ADDRESS		3.3 STREET ADDRESS	1125 N. CROCKETT DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S LINDA H. HARLEY
STREET ADDRESS		4.3 STREET ADDRESS	3404 S. MICHIGAN BLVD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D FR. RUSSELL GRIFFIN
STREET ADDRESS		5.3 STREET ADDRESS	7208 W. MILWA DELA.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D SUSAN S. MAGNEE
STREET ADDRESS		6.3 STREET ADDRESS	3 SICAMUS DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOMOSASSA, FL 34446

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.

SIGNATURE: Paul B. Harley (PAUL B. HARLEY) 4/22/98 352-628-0311

CF2E037 (10/97)