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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90142 029 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000005183**

1. Corporation Name

**FAITH CHRISTIAN SCHOOL OF CITRUS COUNTY, INCORPORATED**



Principal Place of Business

Mailing Address

9870 WEST FORT ISLAND TRAIL  
 CRYSTAL RIVER FL 34428

POST OFFICE BOX 480  
 CRYSTAL RIVER FL 34428

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/11/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-3469805	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, RUSSELL A FATHER**  
 9870 WEST FORT ISLAND TRAIL  
 CRYSTAL RIVER FL 34428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	HARLEY, PAUL B	1.2 NAME	GRIFFIN, CYNTHIA
STREET ADDRESS	3404 S MICHIGAN BLVD	1.3 STREET ADDRESS	7208 W. MILWE LN
CITY-ST-ZIP	HOMOSASSA FL 34448	1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	A	2.1 TITLE	
NAME	CHERNENKO, CHERYL	2.2 NAME	
STREET ADDRESS	5182 N ANDRI DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MARTIN, BARBARA	3.2 NAME	
STREET ADDRESS	1125 N CRESCENT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HARLEY, LINDA H	4.2 NAME	
STREET ADDRESS	3404 S MICHIGAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34448	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GRIFFIN, FR R	5.2 NAME	
STREET ADDRESS	7208 W MILWE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MCGHEE, SUSAN S	6.2 NAME	
STREET ADDRESS	3 SYCAMORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE (PAID REQUIREMENTS)

4/28/99 Date

352-628-0311 Daytime Phone #

CR2E037 (1/98)