

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005183

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FAITH CHRISTIAN SCHOOL OF CITRUS COUNTY, INCORPORATED

Current Principal Place of Business:

9870 WEST FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 480
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 59-3469805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARLEY, PAUL B
Address: 3404 S MICHIGAN BLVD
City-St-Zip: HOMOSASSA, FL 34448

Title: T () Delete
Name: MARTIN, BARBARA
Address: 1125 N CRESCENT DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete
Name: HARLEY, LINDA H
Address: 3404 S MICHIGAN BLVD
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: GRIFFIN, FR R
Address: 7208 W MILWE LN
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: MCGHEE, SUSAN S
Address: 3 SYCAMORE DR
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: CYNTHIA, GRIFFIN
Address: 7208 W MILWE LN
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL B. HARLEY

P

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date