

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 727241 (2)**

1. Corporation Name  
**EVANGELICAL CHRISTIAN SCHOOL, INC.**



Principal Place of Business: **8237 BEACON BLVD S.E. FT. MYERS FL 33907**  
Mailing Address: **8237 BEACON BLVD S.E. FT. MYERS FL 33907**

3. Date Incorporated or Qualified: **08/22/1973**  
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1484745</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

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

**DUNN, DOUGLAS  
13553 PINE VILLA LANE  
FT. MYERS FL 33908**

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNN, DOUG</b>	1.2 NAME	
STREET ADDRESS	<b>13553 PINE VILLA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAYHORN, GUY</b>	2.2 NAME	
STREET ADDRESS	<b>7153 RIVER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS SHORES, FL00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CB</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRELL, SAMUEL</b>	3.2 NAME	
STREET ADDRESS	<b>471 THOMPSON ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N.FT.MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNN, ELSIE</b>	4.2 NAME	
STREET ADDRESS	<b>13553 PINE VILLA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPARELLA, GUY</b>	5.2 NAME	
STREET ADDRESS	<b>16930 TIMBERLAKES DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELER, HARRY</b>	6.2 NAME	
STREET ADDRESS	<b>16941 TIMBERLAKES DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Handwritten Signature]* **April 17, 1996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)