

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33907-3053
--	---

3. Date Incorporated or Qualified 08/22/1973	3a. Date of Last Report 04/25/1996
4. FEI Number 59-1484745	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
--	--

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VCB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, DOUG	1.2 NAME	Brock, Dennis
STREET ADDRESS	13553 PINE VILLA	1.3 STREET ADDRESS	3906 West 3rd Street
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Gillaspie, Thomas
NAME	STRAYHORN, GUY	2.2 NAME	15831 Anderson Lane
STREET ADDRESS	7153 RIVER ROAD	2.3 STREET ADDRESS	Fort Myers, FL 33912
CITY-ST-ZIP	FT MYERS SHORES, FL00000	2.4 CITY-ST-ZIP	
TITLE	CB <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, SAMUEL	3.2 NAME	
STREET ADDRESS	471 THOMPSON ST.	3.3 STREET ADDRESS	471 Blue Lagoon Lane
CITY-ST-ZIP	N.FT.MYERS FL	3.4 CITY-ST-ZIP	North Fort Myers, FL 33903
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, ELSIE	4.2 NAME	Roedding, Gordon
STREET ADDRESS	13553 PINE VILLA LANE	4.3 STREET ADDRESS	1719 Oakley Avenue
CITY-ST-ZIP	FT MYERS, FL 00000	4.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPARELLA, GUY	5.2 NAME	Sater, Dan
STREET ADDRESS	16930 TIMBERLAKES DR.	5.3 STREET ADDRESS	12 Timberland Circle, North
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33909
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WHEELER, HARRY	6.2 NAME	
STREET ADDRESS	16941 TIMBERLAKES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)