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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
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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
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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"/> 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 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
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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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNN, DOUG	
STREET ADDRESS	13553 PINE VILLA	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STRAYHORN, GUY	
STREET ADDRESS	7153 RIVER ROAD	
CITY-ST-ZIP	FT MYERS SHORES, FL00000	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	FERRELL, SAMUEL	
STREET ADDRESS	471 THOMPSON ST.	
CITY-ST-ZIP	N.FT.MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DUNN, ELSIE	
STREET ADDRESS	13553 PINE VILLA LANE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAPARELLA, GUY	
STREET ADDRESS	16930 TIMBERLAKES DR.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELER, HARRY	
STREET ADDRESS	16941 TIMBERLAKES DRIVE	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	vcb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brock, Dennis	
1.3 STREET ADDRESS	3906 West 3rd Street	
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Gillaspie, Thomas	
2.2 NAME	15831 Anderson Lane	
2.3 STREET ADDRESS	Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	471 Blue Lagoon Lane	
3.3 STREET ADDRESS	North Fort Myers, FL 33903	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roedding, Gordon	
4.3 STREET ADDRESS	1719 Oakley Avenue	
4.4 CITY-ST-ZIP	Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sater, Dan	
5.3 STREET ADDRESS	12 Timberland Circle, North	
5.4 CITY-ST-ZIP	Fort Myers, FL 33909	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)