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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 727241

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



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 08/22/1973 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-1484745 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 | 29 | \$8.75 Additional Fee Required |
| Country | Country | 6. Election Campaign Financing <input type="checkbox"/> |
| 25 | 30 | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| DUNN, DOUGLAS 13553 PINE VILLA LANE FT. MYERS FL 33908 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, DOUG | 1.2 NAME | |
| STREET ADDRESS | 13553 PINE VILLA | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAYHORN, GUY | 2.2 NAME | |
| STREET ADDRESS | 7153 RIVER ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS SHORES, FL00000 | 2.4 CITY-ST-ZIP | |
| TITLE | CB | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRELL, SAMUEL | 3.2 NAME | |
| STREET ADDRESS | 471 BLUE LAGOON LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH FT. MYERS FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, ELSIE | 4.2 NAME | |
| STREET ADDRESS | 13553 PINE VILLA LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAPARELLA, GUY | 5.2 NAME | |
| STREET ADDRESS | 16930 TIMBERLAKES DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: _____ DATE: Jan. 6, 1999 DAYTIME PHONE: (941) 939-1613

CR2E037 (11/98)