


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90382 037 ****61.25

DOCUMENT # 727241

1. Entity 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**

00023138

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03162006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**HUNTE, JOHN
 8237 BEACON BLVD. SE
 FORT MYERS, FL 33907**

4. FEI Number
59-1484745

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELKE, RON 6061 ASHFORD LANE #502 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Engelke, Ron PO Box 771435 Ocala, FL 34477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFORD, PAUL 16775 FOREST BLVD., BLDG. ONE, APT.202 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alford, Paul Dr. 16675 Forest Blvd. Bldg One, Apt. 202 Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB FERRELL, SAMUEL 471 BLUE LAGOON LANE NORTH FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB Ferrell, Samuel Dr. 430 Herron Rd. North Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMES, ART 557 WEDGEWOOD WAY NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lanpher, Bill Dr. 11207 Oakmont Court Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, DOUGLAS DR. 9218 PALM ISLAND CIR. FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whitaker, Douglas Dr. 9218 Palm Island Circle North Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, JAMES REV. 12250 COCONUT CREEK CT FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eshbaugh, Barbara Dr. 3752 Harold Ave. Fort Myers, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill W Lanpher **3/28/06 239-936-3319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
Evangelical Christian School

8237 Beacon Boulevard, S.E.

Fort Myers, Florida 33907-3098

(239) 936-3319 • FAX (239) 939-1445

E-Mail: ecs@ecs-fm.com • Web Site: www.ecs-fm.com

60023138

#727291

Addition

D

Kincaid, Ray
14389 Devington Way
Fort Myers, FL 33912

D

Malavsky, Jeff
14110 Cemetary Rd.
Fort Myers, FL 33905

Addition

Serving Families In Southwest Florida since 1973

OUR MISSION

As a nonprofit, nondiscriminatory institution, Evangelical Christian School's mission is to provide an excellent academic education to students, preschool through grade twelve, in a traditional environment that honors God and trains students to reach their highest potential mentally, physically, socially, and spiritually.