

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90199 030 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1484745**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DUNN, DOUG</b>	
STREET ADDRESS	<b>13553 PINE VILLA</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STRAYHORN, GUY</b>	
STREET ADDRESS	<b>7153 RIVER ROAD</b>	
CITY-ST-ZIP	<b>FT MYERS SHORES, FL00000</b>	
TITLE	<b>CB</b>	<input type="checkbox"/> Delete
NAME	<b>FERRELL, SAMUEL</b>	
STREET ADDRESS	<b>471 BLUE LAGOON LANE</b>	
CITY-ST-ZIP	<b>NORTH FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAPARELLA, GUY</b>	
STREET ADDRESS	<b>16930 TIMBERLAKES DR.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHEELER, HARRY</b>	
STREET ADDRESS	<b>16941 TIMBERLAKES DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILLASPIE, THOMAS</b>	
STREET ADDRESS	<b>15831 ANDERSON LANE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gordon Roedding</b>	
STREET ADDRESS	<b>1719 Oakley Ave.</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowers.

SIGNATURE:

*[Handwritten Signature]*

*March 3, 2003*

CR2E037 (10/02)