


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90111 041 ****70.00

DOCUMENT # N00211			
1. Entity Name SARASOTA CHRISTIAN SCHOOL, INC.			
Principal Place of Business 5415 BAHIA VISTA STREET SARASOTA, FL 34232-3009		Mailing Address 5415 BAHIA VISTA STREET SARASOTA, FL 34232-3009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HESS, MERVIN 6949 MYSTIC LANE SARASOTA, FL 34243		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: <i>Mervin W Hess</i>		DATE: <i>Jan 17, 2006</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	D GINGERICH, EDNA <input checked="" type="checkbox"/> Delete	TITLE NAME	D Kauffman, Scott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO BOX 20196	STREET ADDRESS	1645 Fox Creek Dr
CITY-ST-ZIP	SARASOTA, FL 34276	CITY-ST-ZIP	Sarasota, FL 34240
TITLE NAME	C HESS, MERVIN <input type="checkbox"/> Delete	TITLE NAME	D Lambright, Wayne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6949 MYSTIC LANE	STREET ADDRESS	6235 Ravenwood Dr
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	Sarasota, FL 34243
TITLE NAME	V PENNER, CONRAD <input checked="" type="checkbox"/> Delete	TITLE NAME	Treas. Purnell, Kjell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7458 CABBAGE PALM CT	STREET ADDRESS	4861 Edgemont Court
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	Sarasota, FL 34233
TITLE NAME	D KENNEL, MERVIN <input checked="" type="checkbox"/> Delete	TITLE NAME	D Steiner, Arnedo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5247 MYEKKA VALLEY TRAIL	STREET ADDRESS	15221 Blue Fish Circle
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	Bradenton, FL 34202
TITLE NAME	S MAST, TAMMY <input type="checkbox"/> Delete	TITLE NAME	V Yoder, Jonas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7258 CASTLE	STREET ADDRESS	5514 Bahia Vista St
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP	Sarasota, FL 34232
TITLE NAME	D MAYER, LUANN <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	7038 WILDERNESS LANE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP	
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: <i>Mervin W Hess</i>		DATE: <i>Jan 17, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>941-371-6481</i>	