
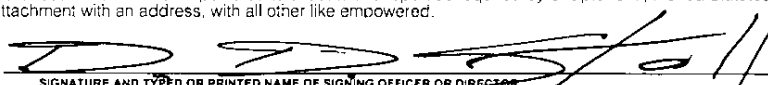


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90017 048 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0931269	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOLL, DALE 1841 SANDALWOOD DRIVE SARASOTA, FL 34231			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 (NOT: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFFMAN, SCOTT		NAME	Graber, Doug	
STREET ADDRESS	1645 FAR CREEK DR		STREET ADDRESS	1947 Rolling Green Circle	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Sarasota FL 34240	
TITLE	COC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLL, DALE		NAME	Lambright, Wayne	
STREET ADDRESS	1841 SANDALWOOD DRIVE		STREET ADDRESS	6235 Ravenwood Dr	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota FL 34243	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURNELL, KJELL		NAME	Helmut, Joyce	
STREET ADDRESS	4861 EDMONT CT		STREET ADDRESS	6318 Canary St	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	Sarasota FL 34241	
TITLE	COC	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YODER, JONAS		NAME	Miller, Julie	
STREET ADDRESS	5514 BAHIA VISTA ST		STREET ADDRESS	1209 Cornish Court	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota FL 34232	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAST, TAMMY		NAME	Miller, Darlene	
STREET ADDRESS	7258 CASTLE		STREET ADDRESS	4934 Hidden Oaks Trail	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Sarasota FL 34232	
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KEN		NAME	Stoll, Dale	
STREET ADDRESS	2487 RANCH CLUB BLVD		STREET ADDRESS	1841 Sandalwood Dr	
CITY-ST-ZIP	MYAKKA CITY, FL 342514207		CITY-ST-ZIP	Sarasota FL 34231	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					