

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00211

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SARASOTA CHRISTIAN SCHOOL, INC.

**Current Principal Place of Business:**

5415 BAHIA VISTA STREET  
SARASOTA, FL 342323009

**New Principal Place of Business:**

**Current Mailing Address:**

5415 BAHIA VISTA STREET  
SARASOTA, FL 342323009

**New Mailing Address:**

FEI Number: 59-0931269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOLL, DALE  
1841 SANDALWOOD DRIVE  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KAUFFMAN, SCOTT  
Address: 1645 FAR CREEK DR  
City-St-Zip: SARASOTA, FL 34240

Title: COC ( ) Delete  
Name: STOLL, DALE  
Address: 1841 SANDALWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete  
Name: PURNELL, KJELL  
Address: 4861 EDGEMENT CT  
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete  
Name: MILLER, JULIE  
Address: 1209 CORNISH CT  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: MILLER, DARLENE  
Address: 4934 HIDDEN OAKS TRL  
City-St-Zip: SARASOTA, FL 34232

Title: C ( ) Delete  
Name: STOLL, DALE  
Address: 1841 SANDALWOOD DR  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE STOLL

Electronic Signature of Signing Officer or Director

PRES

01/16/2009

\_\_\_\_\_ Date