

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000005318

1. Entity Name
 GRACE CHRISTIAN SCHOOL OF SOUTH FLORIDA, INC.

Principal Place of Business 14117 74TH ST, N. LOXAHATCHEE FL 33470	Mailing Address 14117 74TH ST, N. LOXAHATCHEE FL 33470
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2. Principal Place of Business 14117 74TH ST, N.	3. Mailing Address 14117 74TH ST, N.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LOXAHATCHEE FL	City & State LOXAHATCHEE FL
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Zip 33470	Country US	Zip 33470	Country US
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4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANATSEY TAMARA L
 14117 74TH ST, N.

 LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name
 CANATSEY LAWRENCE J
 Street Address (P.O. Box Number is Not Acceptable)
 14117 74TH ST, N.

 City
 LOXAHATCHEE FL Zip Code
 33470

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.

SIGNATURE LAWRENCE J. CANATSEY DATE 05/21/2001
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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CANATSEY LAWRENCE J 14117 74TH STREET, N LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CANATSEY TAMARA L 14117 74TH STREET, N LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CANATSEY LAWRENCE J 14117 74TH STREET, N LOXAHATCHEE FL 33470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence J. Canatsey Dir Date 05/21/2001

CR2E037 (11/00)