

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727241

FILED
Feb 15, 2017
Secretary of State
CC7885062771

Entity Name: EVANGELICAL CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

8237 BEACON BLVD
FT. MYERS, FL 33907

Current Mailing Address:

8237 BEACON BLVD
FT. MYERS, FL 33907

FEI Number: 59-1484745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUNTE, JOHN
8237 BEACON BLVD.
FORT MYERS, FL 33907 US

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

Officer/Director Detail :

Title VC
Name KINCAID, RAY LMR.
Address 11409 OAKMONT CT.
City-State-Zip: FORT MYERS FL 33908

Title D
Name ESHBAUGH, BARBARA DR.
Address 3752 HAROLD AVE.
City-State-Zip: FORT MYERS FL 33901

Title CHAIRMAN
Name JOHNS, BOB
Address 3217 PELICAN BLVD.
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR
Name BURDETTE, LYNNE
Address 15291 SAM SNEAD LANE
City-State-Zip: NORTH FORT MYERS FL 33917

Title SECRETARY
Name SCHAPPELL, JANET
Address 4951 BONITA BAY BLVD. #1501
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name MILLER, BRAD
Address 7130 HENDRY CREEK DRIVE
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name WYNTER, KAY
Address 1313 MELALEUCA LANE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name SIMMONS, RANDY
Address 6788 EAGLE ST.
City-State-Zip: FORT MYERS FL 33966

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I hereby 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 all other like empowered.

SIGNATURE: BOB JOHNS

CHAIRMAN

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name DUKE, JARRED

Address 10351 WHISPERING PALMS DR #105

City-State-Zip: FORT MYERS FL 33913