

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727241

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

Title           CHAIRMAN  
Name           DUKE, JARRED  
Address        10351 WHISPERING PALMS DR #105  
City-State-Zip: FORT MYERS FL 33913

**Continues on page 2**

*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: JARRED DUKE**

**CHAIRMAN**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VC  
Name CRAWFORD, BRENT  
Address 3913 MCGREGOR BLVD  
City-State-Zip: FORT MYERS FL 33901