

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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  
Address 11409 OAKMONT CT.  
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY  
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

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

Title DIRECTOR  
Name CHAPMAN, BRIAN JR.  
Address 1394 LANDMARK CT  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name JOHN, BABU  
Address 6540 ABBOTT ST  
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR  
Name HUBBS, ZACHARY  
Address 10176 MIMOSA SILK DRIVE  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name DALEY, TRACI  
Address 4829 SHERRY LANE  
City-State-Zip: FORT MYERS FL 33908

**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**

**09/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HUNTE, JOHN DR.
Address	403 SOUTH RD.
City-State-Zip:	FORT MYERS FL 33907