

2018 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	VC
Name	KINCAID, RAY LMR.
Address	11409 OAKMONT CT.
City-State-Zip:	FORT MYERS FL 33908

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

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

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

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

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

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

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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****03/14/2018**_____
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

Title DIRECTOR
Name TRUITT, CURT
Address 5636 MONTILLA DRIVE
City-State-Zip: FORT MYERS FL 33919

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