

2021 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
Address 11409 OAKMONT CT.
City-State-Zip: FORT MYERS FL 33908

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

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

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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: JARRED DUKE

CHAIRMAN OF THE BOARD

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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