

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00211

**FILED**  
**Mar 16, 2015**  
**Secretary of State**  
**CC5836740872**

**Entity Name:** SARASOTA CHRISTIAN SCHOOL, INC.

**Current Principal Place of Business:**

5415 BAHIA VISTA STREET  
SARASOTA, FL 34232-3009

**Current Mailing Address:**

5415 BAHIA VISTA STREET  
SARASOTA, FL 34232-3009

**FEI Number:** 59-0931269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHROCK, ROD  
4083 GREEN TREE AVE  
SARASOTA, FL 34233 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:** ROD SHROCK

03/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CAMPBELL, EMILY  
Address        302 TATUM RD  
City-State-Zip: SARASOTA FL 34240

Title           VC  
Name           SHUE, RICH  
Address        2546 RIVER RIDGE DR  
City-State-Zip: SARASOTA FL 34239

Title           CHAIRMAN  
Name           SHROCK, ROD  
Address        4083 GREEN TREE AVENUE  
City-State-Zip: SARASOTA FL 34233

Title           SECRETARY  
Name           GOOD, SHIRLEY  
Address        4041 BAHIA VISTA ST  
City-State-Zip: SARASOTA FL 34232

Title           DIRECTOR  
Name           DE GRAAF, MIKE  
Address        1709 KEELY LANE  
City-State-Zip: SARASOTA FL 34232

Title           DIRECTOR  
Name           KAUFFMAN, BENJI  
Address        1012 PONDER AVE.  
City-State-Zip: SARASOTA FL 34232

Title           DIRECTOR  
Name           MAYER, C.J.  
Address        1888 CHIMNEY CREEK PL  
City-State-Zip: SARASOTA FL 34235

Title           DIRECTOR  
Name           YODER, NANCY  
Address        3957 LEMONWOOD DR  
City-State-Zip: SARASOTA FL 34232

**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:** ROD SHROCK

**CHAIRMAN**

03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           OTTO, KATHY  
Address        5148 CAMUS WAY  
City-State-Zip: SARASOTA FL 34232

Title           DIRECTOR  
Name           MILLER, DARRIN  
Address        1209 CORNISH COURT  
City-State-Zip: SARASOTA FL 34232