

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002464

Entity Name: GRACE SCHOOLS INC.

Current Principal Place of Business:

200 SEMINARY DR.
WINONA LAKE, IN 46590

Current Mailing Address:

200 SEMINARY DR.
WINONA LAKE, IN 46590 US

FEI Number: 35-0868095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 GRADY, JAMES
Address 887 W SHAULIS RD
City-State-Zip: WATERLOO IA 50701-9295

Title DIRECTOR
Name ZELTWANGER, JANINE
Address 51 W 96TH ST
City-State-Zip: INDIANAPOLIS IN 46260

Title DIRECTOR
Name YODER, MICHAEL
Address 2611 TUCKER TRAIL
City-State-Zip: LEWIS CENTER OH 43035

Title DIRECTOR
Name WILLIAMS, LETITIA
Address 21701 WHITMORE ST
City-State-Zip: OAK PARK MI 48237

Title DIRECTOR
Name VITOUX, ROBERT
Address 400 W 63RD ST
City-State-Zip: NEW YORK NY 10069

Title DIRECTOR
Name SILVEUS, SCOTT
Address 2624 WILDWOOD LN
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name SMITH, JOHN F.
Address 106 PROVIDENCE PLACE
City-State-Zip: WILLOW STREET PA 17584

Title DIRECTOR
Name SHOOK, RAY
Address 16624 COLINGTREE XING
City-State-Zip: LAKEWOOD RANCH FL 34202

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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: PAUL BLAIR

SECRETARY

05/30/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANDOVAL, DANIEL
Address 102 CHERRY AVE
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name DOSMANN, GREG
Address 13368 POINTE CONWAY DR
City-State-Zip: ST LOUIS MO 63141-7208

Title DIRECTOR
Name BURKE, WILLIAM
Address 6314 HIGHGATE PLACE
City-State-Zip: LEWIS CENTER OH 43035

Title DIRECTOR
Name MILLER, MARK
Address 4800 HUNTER CREEK
City-State-Zip: ROCHESTER MI 48306

Title DIRECTOR
Name ALLAN, DANIEL
Address 1186 TWP RD 1426
City-State-Zip: ASHLAND OH 44805

Title DIRECTOR
Name ABERNETHY, MATT
Address 1448 LAUREN CT
City-State-Zip: ENCINITAS CA 92024-6214

Title ASST. SECRETARY
Name SILVEUS, SCOTT
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title VICE CHAIR
Name VITOUX, BOB
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name MARWAH, PHYLLIS
Address 17 CHING SAU LN
City-State-Zip: CHUNG HOM KOK HONG KONG

Title DIRECTOR
Name LAKE, RANDY
Address 15625 FREEMANVILLE RD
City-State-Zip: ALPHARETTA GA 30004-2798

Title PRESIDENT / CEO
Name KATIP, WILLIAM J.

Title DIRECTOR
Name RENNER, DANIEL W.
Address 11362 ROCKWOOD CT.
City-State-Zip: PICKERINGTON OH 43147

Title DIRECTOR
Name CONE, KIP
Address 815 ARBOR LANE
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name NEUENSCHWANDER, LOREN
Address 75 14TH ST
UNIT 4220
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name MCINTOSH, JOHN
Address 785 HELEN DR
City-State-Zip: RIPON CA 95366

Title DIRECTOR
Name BISHOP, ROBERT
Address 1865 W 700 N
City-State-Zip: LEESBURG TN 46538

Title SECRETARY OF BOARD OF TRUSTEES
Name ZELTWANGER, JANINE
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title CHAIRMAN OF THE BOARD
Name BURKE, WILLIAM
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title TREASURER / CFO
Name BLAIR, PAUL
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name LARK, LAMARR
Address 14785 CREEKSIDE PATH
City-State-Zip: GREEN OAKS IL 60048

Title SECRETARY
Name BLAIR, PAUL
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name HOWELL, GREG

Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Title DIRECTOR
Name HOLLAR, JENNIFER
Address 1632 S WOODFIELD TRL.
City-State-Zip: WARSAW IN 46580-5819

Title DIRECTOR
Name SETH, NASH
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590

Address 443 ORCHARD HEIGHTS RD
City-State-Zip: GOLDENDALES WA 98620

Title DIRECTOR
Name KELLY, GEISLER
Address 200 SEMINARY DR.
City-State-Zip: WINONA LAKE IN 46590