


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 024 ****61.25

DOCUMENT # 702480 1. Entity Name BRADENTON CHRISTIAN SCHOOL SOCIETY INC					
Principal Place of Business 3304 43RD STREET WEST BRADENTON, FL 34209			Mailing Address 3304 43RD STREET WEST BRADENTON, FL 34209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALDO, DOUG 916 87TH ST NW BRADENTON, FL 34209				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VREMAN, GARY		NAME		
STREET ADDRESS	6904 22ND AVE WEST		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINSON, TOM		NAME		
STREET ADDRESS	5105 9TH AVE DR WEST		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALDO, DOUG		NAME		
STREET ADDRESS	916 87TH ST NW		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, DONNA		NAME	TD	
STREET ADDRESS	1106 91 ST NW		STREET ADDRESS	BRAAM, JAN	
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP	4519 27th AVE. W. BRADENTON, FL 34209	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOY, MIKE		NAME		
STREET ADDRESS	6611 HERITAGE LANE		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/06 <small>Date</small>		
			737-2000 <small>Daytime Phone #</small>		