


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702480</b> 1. Entity Name <b>BRADENTON CHRISTIAN SCHOOL SOCIETY INC</b>		
Principal Place of Business <b>3304 43RD STREET WEST BRADENTON, FL 34209</b>	Mailing Address <b>3304 43RD STREET WEST BRADENTON, FL 34209</b>	



03122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6045439</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WILKINSON, TOM 5105 9TH AVE DR. WEST BRADENTON, FL 34209</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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  3/27/2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VREMAN, GARY 6904 22ND AVE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, TOM 5105 9TH AVE DR WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAAM, JAN 4519 27TH AVE W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCOY, MIKE 6611 HERITAGE LANE BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEICHEL, DEBBIE 6001 RIVERVIEW BLVD BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000878048  
04/14/08-80038-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:  3/27/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #