


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 707299
1. *Entity Name*
GRAHAM-ECKES PALM BEACH ACADEMY, INC.



Principal Place of Business Mailing Address
205 WORTH AVENUE 205 WORTH AVENUE
SUITE 301 SUITE 301
PALM BEACH FL 33480 PALM BEACH FL 33480
US US



2. *Principal Place of Business* 3. *Mailing Address*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. *FEI Number* Applied For
59-0662272 Not Applicable

5. *Certificate of Status Desired* **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/05)

6. *Name and Address of Current Registered Agent*
LAWRENCE, EUGENE
205 WORTH AVENUE, SUITE 301
PALM BEACH FL 33480

7. *Name and Address of New Registered Agent*
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. **OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	LAWRENCE, EUGENE	
STREET ADDRESS	205 WORTH AVENUE, SUITE 301	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, EUGENE	
STREET ADDRESS	205 WORTH AVE., SUITE 301	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MINKER, MARLYN	
STREET ADDRESS	200 TRADEWIND DRIVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 incorporator 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 _____