

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

FILED

**Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # 707299

1. Entity Name
GRAHAM-ECKES PALM BEACH ACADEMY, INC.



Principal Place of Business

**205 WORTH AVENUE
SUITE 301
PALM BEACH, FL 33480 US**

Mailing Address

**205 WORTH AVENUE
SUITE 301
PALM BEACH, FL 33480 US**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-0662272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, EUGENE
205 WORTH AVENUE, SUITE 301
PALM BEACH, FL 33480**

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IN THIS SPACE**

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 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

U000000783501
01/16/08-80018-001 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
LAWRENCE, EUGENE
205 WORTH AVENUE, SUITE 301
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAWRENCE, EUGENE
205 WORTH AVE., SUITE 301
PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MINKER, MARLYN
200 TRADEWIND DRIVE
PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 561-1655-0670
Date Daytime Phone #