

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2009  
Secretary of State**

DOCUMENT# 707299

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

**Current Principal Place of Business:**

205 WORTH AVENUE  
SUITE 301  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

205 WORTH AVENUE  
SUITE 301  
PALM BEACH, FL 33480 US

**New Mailing Address:**

FEI Number: 59-0662272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: LAWRENCE, EUGENE  
Address: 205 WORTH AVENUE, SUITE 301  
City-St-Zip: PALM BEACH, FL 33480

Title: PD ( ) Delete  
Name: LAWRENCE, EUGENE  
Address: 205 WORTH AVE., SUITE 301  
City-St-Zip: PALM BEACH, FL

Title: SD ( ) Delete  
Name: MINKER, MARLYN,  
Address: 200 TRADEWIND DRIVE  
City-St-Zip: PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUGENE LAWRENCE

CD

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date