

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 720592

1. Entity Name
PALM VISTA CHRISTIAN SCHOOL, A PRIVATE SCHOOL, INC.



Principal Place of Business

**A PRIVATE SCHOOL INC
700 S 33 ST
FORT PIERCE, FL 34947**

Mailing Address

**A PRIVATE SCHOOL INC
700 S 33 ST
FORT PIERCE, FL 34947**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1358817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID BRABBLE BRABBLE
1798 DEL RIO BLVD.
PORT SAINT LUCIE, FL 34953**

**DO NOT WRITE
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

David Brabble

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, 2005**

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
**D
BRABBLE, DAVID
1798 S.W. DEL RIO BLVD
PT. ST. LUCIE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, MARTIN
11550 OKEECHOBEE ROAD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAY, TERRELL
1750 SW CATALONIA ST
PT ST LUCIE, 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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02/10/05-80060-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David Brabble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman of the Board of Directors 2-7-05

Date

Daytime Phone #

772-785-5647