

FILED
Jan 09, 2007 08:00 A
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 720592

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



Principal Place of Business
**PALM VISTA CHRISTIAN SCHOOL
700 SOUTH 33 ST
FORT PIERCE, FL 34947**

Mailing Address
**PALM VISTA CHRISTIAN SCHOOL
700 SOUTH 33 ST
FORT PIERCE, FL 34947**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 BRADDLE
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 _____
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, 2007**

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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01/10/07-80047-025 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrell Ray

1-5-07 772-464-1591

Date Daytime Phone #