

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722693** (9)

1. Corporation Name

GRASSROOTS FREE SCHOOL SYSTEM, INC.



Principal Place of Business

Mailing Address

**2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**

**2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified

02/15/1972

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEERY, G. PATRICK
2458 GRASSROOTS WAY
TALLAHASSEE FLORIDA 32311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **WONGITTILIN, CHARRO**
STREET ADDRESS **445 APLEYARD DRIVE, #A2-3**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **T** ☐ DELETE
NAME **WHARTON, RUTH K**
STREET ADDRESS **RT 3 BOX 124-L**
CITY-ST-ZIP **MONTICELLO FL**

TITLE **DVP** ☐ DELETE
NAME **BALL, NANCY**
STREET ADDRESS **10074 COVEY RIDE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☒ DELETE
NAME **JOHNSON, MARIANNE**
STREET ADDRESS **8704 MANCHESTER CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **HOCHSTETLER, ALICE**
STREET ADDRESS **2408 GRASSROOTS WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **SEERY, TANDY H**
STREET ADDRESS **2432 GRASSROOTS WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **MCCLENDON, EDWARD**
1.3 STREET ADDRESS **233 WESTRIDGE DR**
1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304**

2.1 TITLE **DVP** ☐ Change ☒ Addition
2.2 NAME **BEAUDINE, JULIA**
2.3 STREET ADDRESS **3410 PROCK DR.**
2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DP** ☐ Change ☒ Addition
4.2 NAME **ADAIR, LYNN**
4.3 STREET ADDRESS **233 WESTRIDGE DR.**
4.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **BALL, JOHN**
5.3 STREET ADDRESS **10074 COVEY RIDE**
5.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **TERRELL, JIM**
6.3 STREET ADDRESS **2360 MORNANCE TR.**
6.4 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lynn D. Adair**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

Daytime Phone #

CR2E037 (12/95)