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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722693

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/15/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1383557 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	BOYD, ALLAN		1.2 NAME	NECHAMA GOTTSCHALK	
STREET ADDRESS	3709 C APALACHEE PARKWAY		1.3 STREET ADDRESS	2367 MOONDANCE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32311	
TITLE	T	☐ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	WHARTON, RUTH K		2.2 NAME	FLO HARMONY	
STREET ADDRESS	RT 3 BOX 124-L		2.3 STREET ADDRESS	1950 MIDYETTE RD., #2-A	
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	MENARD, KAREN		3.2 NAME	JACQUE TIMAN	
STREET ADDRESS	1314 LEHIGH DR		3.3 STREET ADDRESS	3195 TIFFANY ST.	
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	DE	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BALL, JOHN		4. 2 NAME	GRETCHEN WALDO	
STREET ADDRESS	10074 COVEY RIDE		4.3 STREET ADDRESS	7431 SKIPPER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BALL, JOHN		5.2 NAME	KAY DORIAN	
STREET ADDRESS	10074 COVEY RIDE		5.3 STREET ADDRESS	RT. 2, BOX 62-B	
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP	QUINCY, FL. 32351	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SEERY, TANDY H		6.2 NAME	YVONNE BEACH	
STREET ADDRESS	2432 GRASSROOTS WAY		6.3 STREET ADDRESS	P.O. BOX 7484	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32314	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Nechama Gottschalk President 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #