2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 13, 2005 8:00 am
Secretary of State
01-13-2005 90004 002 ****70.00

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DOCUMENT # 722693

1. Entity Name
GRASSROOTS FREE SCHOOL SYSTEM, INC.

Principal Place of Business	Mailing Address
2458 GRASSROOTS WAY TALLAHASSEE, FL 32311	2458 GRASSROOTS WAY TALLAHASSEE, FL 32311

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1383557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEERY, G. PATRICK 2458 GRASSROOTS WAY TALLAHASSEE, FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOTTSCHALK, NECHAMA 2367 MOONDANCE TRAIL TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SADLER, TANIA 819 BUENA VISTA DR. TALLAHASSEE, FL. 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHARTON, RUTH K 2873 ST AUGUSTINE RD MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WENTZ, EILENE 2002 SPOTTED DEER DR. TALLAHASSEE, FL. 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP EASTERLING, KATHY 1551 JEFFERSON RD TALLAHASSEE, FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLONA, NEREA 1803-IVAN DR. TALLAHASSEE, FL. 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, SUSAN 3728 RAVEN DR. TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, SHEA 158 HERLONG DR. TALLAHASSEE, FL. 32310	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIN, DARRELL 4554 SUNRAY PLACE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~GOTTSCHALK, SHIMON~~ D GOTTSCHALK, SHIMON 2367 MOONDANCE TRAIL TALLAHASSEE, FL. 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENTZ, LEO 30 SPOTTED DEER DR TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEERY, TANDY 2432 GRASSROOTS WAY. TALLAHASSEE, FL. 32311	☐ Change ☒ Addition

12. 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 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: Nechama Gottschalk - Nechama Gottschalk 1/11/2005 (850)656-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #