

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 037 ****70.00

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1. Entity Name

GRASSROOTS FREE SCHOOL SYSTEM, INC.



Principal Place of Business

**2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**

Mailing Address

**2458 GRASSROOTS WAY
TALLAHASSEE FL 32311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-1383557

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 DP ☒ Delete
NAME GOTTSCHALK, NECHAMA
STREET ADDRESS 2367 MOONDANCE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D/S ☐ Change ☒ Addition
NAME SANDEFUR, KERRIE
STREET ADDRESS 1202 MITCHELL AVE.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T ☐ Delete
NAME WHARTON, RUTH K
STREET ADDRESS 2873 ST AUGUSTINE RD
CITY-ST-ZIP MONTICELLO FL 32344

TITLE D ☐ Change ☒ Addition
NAME ~~WENTZ~~ WENTZ, EILENE
STREET ADDRESS 144 PINE RIDGE WAY.
CITY-ST-ZIP HAVANA, FL 32333

TITLE DVP ☐ Delete
NAME SADLER, TANIA
STREET ADDRESS 819 BUENA VISTA DR
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☐ Change ☒ Addition
NAME MAYNOR, AMY
STREET ADDRESS 4746 COBBLESTONE LN
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D ☒ Delete
NAME BERRY, SUSAN
STREET ADDRESS 3728 RAVEN DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Change ☒ Addition
NAME TIMAN, ANDY
STREET ADDRESS 740 LEWIS BLVD. S.
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D ☒ Delete
NAME CAIN, DARRELL
STREET ADDRESS 4554 SUNRAY PLACE
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE D ☐ Change ☒ Addition
NAME WEHR, JIMMY
STREET ADDRESS 2301 OLD BAINBRIDGE RD., APT. C-308
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME WENTZ, LEO
STREET ADDRESS 30 SPOTTED DEER DR
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kerrie J. Sandefur*