


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90005 043 \*\*\*\*70.00

<b>DOCUMENT # 722693</b>	
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1383557

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

6. Name and Address of Current Registered Agent	
SEERY, G. PATRICK 2458 GRASSROOTS WAY TALLAHASSEE, FL 32311	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DS</del> <input type="checkbox"/> Delete SANDEFUR, KERRIE 1202 MITCHELL AVE HAWANA, FL 32999	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete WHARTON, RUTH K 2873 ST AUGUSTINE RD MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSE, SHEA 1202 MITCHELL AVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete SADLER, TANIA 819 BUENA VISTA DR TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASSADI, GINGER 1601 HASOSAW NENE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WENTZ, EILENE 144 PINE RIDGE WAY HAWANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WHARTON, FLOYD 1202 MITCHELL AVE. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MAYNOR, AMY 4746 COBBLESTONE LN TALLAHASSEE, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TIMAN, ANDY 748 LEWIS BLVD. S. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete WENTZ, LEO 30 SPOTTED DEER DR TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TIMAN, JACQUE 748 LEWIS BLVD. S. TALLAHASSEE, FL 32305

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:** K. J. Sandefur G. PATRICK SEERY 1/31/07 850-656-3629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #