

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90013 005 \*\*\*\*61.25

**DOCUMENT # 722693**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132008

Chg-NP

CR2E037 (12/06)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE **D** ☐ Delete  
NAME **SANDEFUR, KERRIE**  
STREET ADDRESS **1202 MITCHELL AVE**  
CITY-ST-ZIP **HAVANA, FL 32933 TALLAHASSEE, FL 32303**

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

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

TITLE **D** ☐ Delete  
NAME **WENTZ, EILENE**  
STREET ADDRESS **144 PINE RIDGE WAY**  
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **D** ☒ Delete  
NAME **MAYNOR, AMY**  
STREET ADDRESS **4746 COBBLESTONE LN**  
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition  
NAME **FLOYD WHARTON**  
STREET ADDRESS **1202 MITCHELL AVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **WILLIAMS, LAVERNE**  
STREET ADDRESS **1428 CONNECTICUT ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE **D** ☐ Change ☒ Addition  
NAME **VON CHAMIER, MONA**  
STREET ADDRESS **1551 JEFFERSON RD.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROSE, SHEA**  
STREET ADDRESS **307 PENNELL CIRCLE # 2**  
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE **D** ☐ Change ☒ Addition  
NAME **EASTERLING, KATHERINE**  
STREET ADDRESS **1006 CARLTON DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Katherine Easterling*

*3/14/08 (850) 510-4138*

Date

Daytime Phone #