## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#722693** 

FILED Jan 10, 2009 Secretary of State

Entity Name: GRASSROOTS FREE SCHOOL SYSTEM, INC.

**Current Principal Place of Business:** New Principal Place of Business: 2458 GRASSROOTS WAY 2458 GRASSROOTS WAY TALLAHASSEE, FL 32311 US TALLAHASSEE, FL 32311 **Current Mailing Address: New Mailing Address:** 2458 GRASSROOTS WAY 2458 GRASSROOTS WAY TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 US FEI Number: 59-1383557 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEERY, G. PATRICK 2458 GRASSROOTS WAY TALLAHASSEE, FL 32311 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SANDEFUR, KERRIE SANDEFUR, KERRIE Name: Name: 1202 MITCHELL AVE Address: 1202 MITCHELL AVE Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change () Addition WHARTON, RUTH K Name: Name: Address: 2873 ST AUGUSTINE RD Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: DVP () Delete Title: () Change () Addition SADLER, TANIA Name: Name: Address: 819 BUENA VISTA DR Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: WENTZ, EILENE Name: WENTZ, EILENE 144 PINE RIDGE WAY Address: Address: 144 PINE RIDGE WAY City-St-Zip: HAVANA, FL 32333 City-St-Zip: HAVANA, FL 32333 Title: () Delete Title: () Change () Addition EASTERLING, KATHERINE Name: Name: 1006 CARLTON DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition WENTZ, LEO Name: Name: Address: 30 SPOTTED DEER DR Address: TALLAHASSEE, FL 32304 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRIE SANDEFUR P 01/10/2009