2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 722693

Entity Name: GRASSROOTS FREE SCHOOL SYSTEM, INC.

Current Principal Place of Business:

2458 GRASSROOTS WAY
TALLAHASSEE, FL 32311

New Principal Place of Business:

2458 GRASSROOTS WAY
TALLAHASSEE, FL 32311 US

Current Mailing Address:

2458 GRASSROOTS WAY
TALLAHASSEE, FL 32311

New Mailing Address:

2458 GRASSROOTS WAY
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:

SEERY, G. PATRICK
2458 GRASSROOTS WAY
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: SANDEFUR, KERRIE
Address: 1202 MITCHELL AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: WHARTON, RUTH K
Address: 2873 ST AUGUSTINE RD
City-St-Zip: MONTICELLO, FL 32344

Title: DVP ( ) Delete
Name: SADLER, TANIA
Address: 819 BUENA VISTA DR
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: WENTZ, EILENE
Address: 144 PINE RIDGE WAY
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: EASTERLING, KATHERINE
Address: 1006 CARLTON DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WENTZ, LEO
Address: 30 SPOTTED DEER DR
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SANDEFUR, KERRIE
Address: 1202 MITCHELL AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WENTZ, EILENE
Address: 144 PINE RIDGE WAY
City-St-Zip: HAVANA, FL 32333

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director — Date