2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91336 013 ****61.25

DOCUMENT # 722693

1. Entity Name
GRASSROOTS FREE SCHOOL SYSTEM, INC.

Principal Place of Business	Mailing Address
2458 GRASSROOTS WAY TALLAHASSEE FL 32311	2458 GRASSROOTS WAY TALLAHASSEE FL 32311

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOTTSCHALK, NECHAMA 2367 MOONDANCE TRAIL TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP EASTERLING, KATHY 1551 JEFFERSON RD. TALLAHASSEE, FL. 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHARTON, RUTH K RT 3 BOX 124-L MONTICELLO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAZWELL, STAN 4714 POINSETTIA AVE TALLAHASSEE, FL 32305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RICHARDSON, DANA 4560 SUNRAY PL TALLAHASSEE FL 32309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOTTSCHALK, SHIMON 2367 MOONDANCE TR. TALLAHASSEE, FL. 323[illegible]11	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BERRY, SUSAN 3728 RAVEN DR. TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOMBERGH, SUNSHINE 4714 POINSETTIA AVE TALLAHASSEE, FL. 32305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTIZ, MONICA 1612 MARTIN LUTHER KING, JR. NORTH TALLAHASSEE FL 32307	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENTZ, EILENE 30 SPOTTED DEER DR. TALLAHASSEE, FL. 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, VAL 3124 DUNKELD PL. TALLAHASSEE FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIN, DARRELL 512 SHEPARD ST. TALLAHASSEE, FL. 32303	☐ Change ☒ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible]NATUREKathy Easterling 4-25-03 (850)421-2415