FILE NOW: FILING FEE IS \$61.25

ORANGE PARK FL 32073

appears in Block 12 or Block 13 if changed, or on an attachment

CITY-ST-ZIP

May 14 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (9) GRACE PARISH DAY SCHOOL, INC Principal Place of Business Mailing Address 230 KINGSLEY AVE 230 KINGSLEY AVE ORANGE PARK FL 32073-5643 ORANGE PARK FL 32073 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 04/14/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1152229 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Namo Shelley 1000 SAWICKI, SALLY 82 Street Address (P.O. Box Number is Not Acceptable)
1836 Creekbank Drive 2700 HOLLY POINT ROAD, WEST 83 **ORANGE PARK FL 32073** Zip Cocle 32068 84 City Middleburg 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. Sheller Lebo 4-24-96 SIGNATURE ed when reinstating) Registered Agent sig 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change **VPD** DELETE Addition TITLE 1.1 TITLE TEBO, SHELLEY Tebo, Shelley 1836 Creekbank Dr. NAME 1.2 NAME CR2E037 1836 CREEKBANK DR. STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG FL 32068 Middleburg FL 32068 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BRODSKY, DANA NAME **2.2 NAME** 440 BATTLECREEK CT. EAST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP 2.4 CITY- ST-ZIP DELETE CD Change Addition TITLE 3.1 TITLE Sawicki, Sally SAWICKI, SALLY NAME 3.2 NAME 2700 Holly Point Rd. W. 2700 HOLLY POINT RD. WEST STREET ADDRESS 3.3 STREET ADDRESS Orange Park FL 32073 **ORANGE PARK FL 32073** CITY-ST-ZIP 3.4. City-St-ZiP DELETE ☐ Change Addition TITLE 4.1 TITLE Dakes Martha Drive SCHIFANELLA, ELLEN NAME 4.2 NAME **4282 VENETIA BLVD** STREET ADDRESS 4.3 STREET ADDRESS Orange Park, FL 32013 JACKSONVILLE, FL 00000 CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 51 TOLE SCHUEMANN, KEN NAME 5.2 NAME 316 FROG HOLLOW RD. STREET ADDRESS 5.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Addition DELETE TITLE 6.1 TITLE Change McHugh, Kim MERRITT, KATE NAME 6.2 NAME 7784 Andes Dr. 2558 ADMIRALS WALK DR. SOUTH STREET ADDRESS 63 STREET ADDRESS Jacksonville FL 32244

14. I do 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 annual report or supplemental annual 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

1-24-96

with an address.

FILED