2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90423 008 ****61.25

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DOCUMENT # 723169

1. Entity Name

GRACE PARISH DAY SCHOOL, INC

Principal Place of Business	Mailing Address
230 KINGSLEY AVE ORANGE PARK FL 32073	230 KINGSLEY AVE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

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 59-1152229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, ELOISE
508 DAYBREAK CT
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name FRANK ARCENEAUX

Street Address (P.O. Box Number is Not Acceptable) 2422 ACADIE DRIVE

City JACKSONVILLE FL Zip Code 32217

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.

SIGNATURE FRANK ARCENEAUX Frank A. Arceneaux 4-19-01
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TEBO, SHELLEY 1836 CREEKBANK DR. MIDDLEBURG FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LECLUSTON, JACK (D) 2001 EPSILON COURT ORANGE PARK FL 32073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRODSKY, DANA 440 BATTLECREEK CT. EAST JACKSONVILLE FL 32258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREFFINGER, SANDY (D) 3621 WATERSIDE DRIVE ORANGE PARK, FL 32065	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HILL, ELOISE 508 DAYBREAK CT ORANGE PARK FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRISKELL, GREG (D) 1310 ROYAL FERN LANE ORANGE PARK FL 32003	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD OAKES, MARTHA 2801 BRICHWOOD DRIVE ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2801 BIRCHWOOD DRIVE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUFFET MORAN 259 HOLLY POINT RD W ORANGE PARK FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NELSON DAVID (D) 1774 BUTTONBUSH WAY ORANGE PARK, FL 32003	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCHUGH, KIM 7734 ANDES DR. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OTMAN SUSAN (D) 4620 ARAPAHOE AVENUE JACKSONVILLE FL 32210	☐ Change ☐ Addition

CR2E037 (10/00)

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: Frank A. Arceneaux 4-19-01 (904)264-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #