2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 723169

Entity Name: GRACE PARISH DAY SCHOOL, INC

Current Principal Place of Business:

230 KINGSLEY AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

230 KINGSLEY AVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-1152229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, MICHAEL
2213 SALT MYRTLE LANE
ORANGE PARK, FL 32003 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:	C	( ) Delete
Name:	PHILLIPS, MICHAEL	
Address:	2213 SALT MYRTLE LANE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	STEVE, CHACHULA	
Address:	1772 DOCKSIDE DRIVE	
City-St-Zip:	ORANGE PARK, FL 32003 US	
Title:	D	( ) Delete
Name:	DEARING, DAVID	
Address:	577 THORNWOOD LANE	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	MD	( ) Delete
Name:	MILTON, MARTHA	
Address:	133 WATER'S EDGE DR N	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	NELSON, DAVID	
Address:	1774 BUTTONBUSH WAY	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	BACH-OSTROW, GRACE	
Address:	566 OAKMONT DRIVE	
City-St-Zip:	ORANGE PARK, FL 32073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MD	(X) Change ( ) Addition
Name:	MILTON, MARTHA	
Address:	916 BROOKHAVEN DRIVE	
City-St-Zip:	ST. AUGUSTINE, FL 32092	
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 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: MARTHA MILTON MD 04/28/2006

Electronic Signature of Signing Officer or Director — Date