

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723169

FILED
Apr 28, 2008
Secretary of State

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:

FERGUSON, BRUCE MR.
1885 SENTRY OAK COURT
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

COOKSEY, JOHN MR.
11902 MANDARIN ROAD
JACKSONVILLE, FL 32223 US

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: JOHN COOKSEY

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FERGUSON, BRUCE MR.
Address: 1885 SENTRY OAK COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: BACH-OSTROW, GRACE MS.
Address: 566 OAKMONT DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D () Delete
Name: MALLARD, ED MR
Address: 1642 BRISTOL PLACE
City-St-Zip: ORANGE PARK, FL 32073

Title: MD () Delete
Name: MILTON, MARTHA
Address: 916 BROOKHAVEN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: COOKSEY, JOHN MR
Address: 11902 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: REISWIG, COLT MR
Address: 1448 CREEKS EDGE COURT
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: COOKSEY, JOHN MR.
Address: 11902 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D (X) Change () Addition
Name: DINKINS, BEN MR.
Address: 1453 PLAINFIELD AVENUE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D (X) Change () Addition
Name: SELLERS, CAROLYN MRS.
Address: 3045 DOCTOR'S LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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

Title: D (X) Change () Addition
Name: WILLIAMS, SUSAN MRS.
Address: 3957 SUSAN DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: MARTHA MILTON

MD

04/28/2008

Electronic Signature of Signing Officer or Director

Date