2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723169

Apr 23, 2009 Secretary of State

Entity Name: GRACE PARISH DAY SCHOOL, INC

Current Principal Place of Business: New Principal Place of Business: 230 KINGSLEY AVE ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** 230 KINGSLEY AVE 156 KINGSLEY AVE ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 FEI Number: 59-1152229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COOKSEY, JOHN MR. Name: Name: 11902 MANDARIN ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DINKINS, BEN MR. Name: Address: 1453 PLAINFIELD AVENUE Address: City-St-Zip: ORANGE PARK, FL 32073 US City-St-Zip: Title: () Delete Title: () Change () Addition SELLERS, CAROLYN MRS. Name: Name: 3045 DOCTOR'S LAKE DRIVE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: MD () Delete Title: () Change () Addition Name: MILTON, MARTHA Name: 916 BROOKHAVEN DRIVE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, SUSAN MRS. ZIMMER, CHARLEY MR. Name: Name: 3957 SUSAN DRIVE 1856 BAHAMA AVE. N. Address: Address: GREEN COVE SPRINGS, FL 32043 City-St-Zip: City-St-Zip: MARCO ISLAND, FL 34145 Title: () Delete Title: (X) Change () Addition REISWIG, COLT MR MCINNIS, BRIAN MR Name: Name: Address: 1448 CREEKS EDGE COURT Address: 1465 SHADOW CREEK DRIVE ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32065 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 MRS. 04/23/2009