FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:45

DOCUMENT # 727241 (2)

1. Corporation Name
EVANGELICAL CHRISTIAN SCHOOL, INC.

Principal Place of Business	Mailing Address
8237 BEACON BLVD S.E. FT. MYERS FL 33907	8237 BEACON BLVD S.E. FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1973
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1484745 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUNN, DOUGLAS
13553 PINE VILLA LANE
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, DOUG	1.2 NAME	
STREET ADDRESS	13553 PINE VILLA	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	STRAYHORN, GUY	2.2 NAME	
STREET ADDRESS	7153 RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS SHORES, FL00000	2.4 CITY-ST-ZIP	
TITLE	CB	3.1 TITLE	☐ Change ☐ Addition
NAME	FERRELL, SAMUEL	3.2 NAME	
STREET ADDRESS	471 THOMPSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N.FT.MYERS FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, ELSIE	4.2 NAME	
STREET ADDRESS	13553 PINE VILLA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	GROFF, FLOYD	5.2 NAME	D
STREET ADDRESS	8430 AQUA COVE LANE	5.3 STREET ADDRESS	Paparella, Guy
CITY-ST-ZIP	FT.MYERS FL	5.4 CITY-ST-ZIP	16930 Timberlakes Dr.
TITLE	D	6.1 TITLE	Port Myers, FL ☐ Change ☐ Addition
NAME	WHEELER, HARRY	6.2 NAME	
STREET ADDRESS	16941 TIMBERLAKES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas D. Dunn 1/25/95 (813) 936-3319
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Douglas D. Dunn President/Principal

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