

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 006 ****61.25

DOCUMENT # 727241

1. Entity Name
 EVANGELICAL CHRISTIAN SCHOOL, INC.



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

Mailing Address
 8237 BEACON BLVD S.E.
 FT. MYERS, FL 33907



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 59-1484745

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTE, JOHN
 8237 BEACON BLVD. SE
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ENGELKE, RON	
STREET ADDRESS	POB 771435	
CITY-ST-ZIP	OCALA, FL 34477	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFORD, PAUL DR	
STREET ADDRESS	16675 FOREST BLVD BLDG 1 APT 202	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	CB	<input type="checkbox"/> Delete
NAME	FERRELL, SAMUEL	
STREET ADDRESS	430 HERRON RD	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LANPHER, BILL DR	
STREET ADDRESS	11207 OAKMONT CRT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, DOUGLAS DR.	
STREET ADDRESS	9218 PALM ISLAND CIR.	
CITY-ST-ZIP	N. FORT MYERS, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, JAMES REV.	
STREET ADDRESS	12250 COCONUT CREEK CT	
CITY-ST-ZIP	FORT MYERS, FL 33908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eshbaugh, Barbara	
STREET ADDRESS	3752 Harold Ave.	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kincaid, Ray	
STREET ADDRESS	14389 Devington Way	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malavsky, Jeff	
STREET ADDRESS	14110 Cemetery Rd.	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jeff Malavsky* **3/7/07** **735-271-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #