

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729765**

1. Entity Name  
**ROCKY BAYOU CHRISTIAN SCHOOL, INCORPORATED**



Principal Place of Business  
**2101 NORTH PARTIN DRIVE  
NICEVILLE, FL 32578**

Mailing Address  
**2101 NORTH PARTIN DRIVE  
NICEVILLE, FL 32578**

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1488143**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LARSON, DONALD M  
2101 N PARTIN DR  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	M
NAME	LARSON, DONALD M
STREET ADDRESS	2101 N. PARTIN DR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	STD
NAME	GRETE, ROBERT L.
STREET ADDRESS	277 WAVA AVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	P
NAME	THOMAS, HAROLD E.
STREET ADDRESS	2865 EDGEWATER DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	STOER, ERIK H.
STREET ADDRESS	26 KATHY LANE
CITY-ST-ZIP	FREEMPORT, FL 32439
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000738930  
05/14/07-80005-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

850-678-7358

Daytime Phone #