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

## FILED Feb 06, 2007 8:00 am **Secretary of State**

02-06-2007 90007 013 \*\*\*\*61.25

DOCUMENT # N00211 SARASOTA CHRISTIAN SCHOOL, INC. 400003011 Mailing Address Principal Place of Business **5415 BAHIA VISTA STREET** 5415 BAHIA VISTA STREET SARASOTA, FL 34232-3009 SARASOTA, FL 34232-3009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-0931269 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dale Stoll HESS, MERVIN 6949 MYSTIC LANE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34243 1841 Sandalwood Zip Code 3423 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 Ignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (0-C TITLE ☐ Defete TITLE Dale Stoll 1841 Sandalwood Drive KAUFFMAN, SCOTT NAME NAME STREET ADDRESS 1645 FAR CREEK DR STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIF CITY-ST-ZIP Sarasota FL 34231 TITLE Delete HESS, MERVIN NAME Jonas Voder 5514 Bahia Vista St NAME STREET AODRESS 6949 MYSTIC LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition D PURNELL, KJELL NAME NAME 4861 EDGEMENT CT STREET ADDRESS STREET ADDRESS SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP D TITLE Delete. TITLE Addition STEINER, ARNEDA NAME NAME STREET ADDRESS 15221 BLUE FISH CIRCLE STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MAST, TAMMY NAME STREET ADDRESS 7258 CASTLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAYER, LUANN NAME NAME STREET ADDRESS 7038 WILDERNESS LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: X 2 2 2 2 1	1/2	9/0-	7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Ι.	Date	Daytime Phone #