

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

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90228 008 \*\*\*\*70.00

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04252007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N02000004542</b>					
1. Entity Name ROCKY BAYOU CHRISTIAN SCHOOL FOUNDATION, INC.					
Principal Place of Business 2101 NORTH PARTIN DRIVE NICEVILLE, FL 32578		Mailing Address 2101 NORTH PARTIN DRIVE NICEVILLE, FL 32578			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1008877	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARSON, DONALD M 2101 N PARTIN DR. NICEVILLE, FL 32578			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			2101 North Partin Drive		
			City		Zip Code
			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRETE, ROBERT L		NAME	Harold E. Thomas	
STREET ADDRESS	277 WAVA AVE		STREET ADDRESS	2865 Edgewater Dr.	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Niceville FL 32578	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, DONALD M		NAME		
STREET ADDRESS	2101 N MARTIN DR.		STREET ADDRESS	2101 North Partin Dr.	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, A. MICHAEL III		NAME	Robert Huisken	
STREET ADDRESS	16 KATHY LANE		STREET ADDRESS	605 Nelson Point Rd	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOER, ERIK		NAME		
STREET ADDRESS	145 E KATHY LANE		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILBY, MARILYN		NAME		
STREET ADDRESS	908 RUE DE PALM		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRETE, ROBERT C		NAME		
STREET ADDRESS	1092 FOREST LAKE TERRACE		STREET ADDRESS	277 Wava Ave.	
CITY-ST-ZIP	NICEVILLE, FL 32578		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: _____			Date: 4/25/07 Daytime Phone #: 850-678-7358		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					