


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001045	
1. Entity Name MOUNT HERMON CHRISTIAN SCHOOL, INC.	

Principal Place of Business 2856 DOUGLAS AVE. FORT MYERS, FL 33916	Mailing Address 2856 DOUGLAS AVE. FORT MYERS, FL 33916
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07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1167769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SNELL, MARY V
1833 HENDRY STREET
FORT MYERS, FL 33901**

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, FREDERICK A 1400 BILLIE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITE, MAGGIE L 1400 BILLIE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, WILLIAM L SR, 6390 ASTORIA AVE. FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANZY, EARNESTINE PO BOX 2035 FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, CALLIE 3102 LAFAYETTE STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, RALPH W 248 SE 2ND TERRACE CAPE CORAL, FL 33990

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09/05/06-80002-013 61.25

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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:  **7/13/06 (239)334-8075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #