2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	. IXEF C								
DOCUMENT # N03563 1. Entity Name BRADENTON CHRISTIAN SCHOOL FOUNDATION, INC.								0228 027 ****61	25	
Principal Place of Business 3304 43RD STREET, WEST BRADENTON, FL 34209		Mailing Address 3304 43RD STREET, WEST BRADENTON, FL 34209)43174 	I ČIČJI BIJEJI BISIJ BIJUK BEBIK BIJ		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072007 _C	hg-NP	CR2E037 (12/06)			
City & State		City & State				4. FEI Number 59-252419	97		oplied For	
Zip	Zip Country		Zip		ntry				ditional	
	6. Name and Address of Current	Registered Ac				7 Name and Add	trees of New R			
DE SEAR, VERNON					Name	7. Name and Address of New Registered Agent ne				
1209 3RD ST DR EAST PALMETTO, FL 34221				-	Street Addres	ss (P.O. Box Number is	Not Acceptable)		
					City FL Zip Code			е		
8. The above	named entity submits this statement for	r the purpose o	of changing its re	egistere	d office or regis	stered agent, or both, in	the State of Flo		and accept	
SIGNATURE	Verno De Se Signature, typed or printed name of registered agent	and title if applicable	<u>Slenckati</u> (NOTE:		Tresic	lent uired when reinstating)	4	DATE 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 DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE SEAR, VERNON 1209 3RD ST DR EAST		☐ Delete	TITLE	l l					
TITLE	PALMETTO, FL 34221				T ADDRESS ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VD SIKKEMA, RON 1903 91ST ST NW BRADENTON, FL 34209		□ Delete	TITLE NAME STREE	ST-ZIP			☐ Change		
NAME STREET ADDRESS	VD SIKKEMA, RON 1903 91ST ST NW		□ Delete	TITLE NAME STREE CITY-: TITLE NAME STREE STREE	ST-ZIP ET ADDRESS ST-ZIP				Addition	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Doma Marty Dona Marty - Director James Con Displace & 113

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director James Con Director Director

NAME

STREET ADDRESS

CITY-ST-ZIP