

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003017

1. Entity Name
GRACE CHRISTIAN SCHOOL, INC.



Principal Place of Business
**204 BRANTLEY RD
GRANDIN, FL 32138-0008**

Mailing Address
**POB 8
GRANDIN, FL 32138-0008**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3190826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, SHARON W
126 LAKE GREEN SILLS RD
HAWTHORNE, FL 32640**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CARTER, ARTHUR L 126 LAKE GREEN SILLS RD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, SHARON W 126 LAKE GREEN SILLS RD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOFFMAN, MARTIN K 4814 W. WOODLAWN ST DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTERED, JEREMIAH J 204 BRANTLEY RD GRANDIN, FL 321380008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/04-80013-023 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sharon W. Carter

SHARON W. CARTER

1/12/04

386-659-2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #