2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003017

Entity Name: GRACE CHRISTIAN SCHOOL, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

204 BRANTLEY RD GRANDIN, FL 321380008

Current Mailing Address: New Mailing Address:

POB 8

GRANDIN, FL 321380008

FEI Number: 59-3190826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARTER, SHARON W
126 LAKE GREEN SILLS RD
HAWTHORNE, FL 32640 US
CARTER, SHARON W
126 LAKE GREEN SILLS RD
PO BOX 556
MELROSE, FL 326660556 US

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.

SIGNATURE: 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DVPT () Delete
 Title:
 DVPT (X) Change () Addition

 Name:
 CARTER, ARTHUR L
 Name:
 CARTER, ARTHUR L

 Address:
 126 LAKE GREEN SILLS RD
 Address:
 126 LAKE GREEN SILLS RD

 City-St-Zip:
 HAWTHORNE, FL 32640
 City-St-Zip:
 MELROSE, FL 326600556

Title: DP () Delete Title: DP (X) Change () Addition
Name: CARTER, SHARON W

Address: 438 LAKE CREEN SILL C.R.D.

Address: 126 LAKE GREEN SILLS RD Address: 126 LAKE GREEN SILLS RD City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: MELROSE, FL 326660556

Title: DS () Delete Title: () Change () Addition

 Name:
 HOFFMAN, MARTIN K
 Name:

 Address:
 4814 W. WOODLAWN ST
 Address:

 City-St-Zip:
 DUNNELLON, FL 34432
 City-St-Zip:

Name:MUSTERED, JEREMIAH JName:MUSTERED, JEREMIAH JAddress:204 BRANTLEY RDAddress:204 BRANTLEY RDCity-St-Zip:GRANDIN, FL 321380008City-St-Zip:GRANDIN, FL 321380157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON W CARTER DP 04/28/2005