


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90033 003 ****61.25

DOCUMENT # N93000003017 1. Entity Name GRACE CHRISTIAN SCHOOL, INC.					
Principal Place of Business 6834 SE 221ST ST HAWTHORNE, FL 32640			Mailing Address POB 793 HAWTHORNE, FL 32640-0793		
2. Principal Place of Business - No P.O. Box # 204 BRANTLEY RD.		3. Mailing Address PO BOX 8			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State GRANDIN, FL		City & State GRANDIN, FL		4. FEI Number 59-3190826	
Zip 32138 0008		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32138 0008		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, SHARON W 126 LAKE GREEN SILLS RD PO BOX 556 MELROSE, FL 32666-0556			7. Name and Address of New Registered Agent Name SHARON W. CARTER Street Address (P.O. Box Number is Not Acceptable) 126 LAKE GREEN SILLS RD. PO BOX 793 City HAWTHORNE FL Zip Code 32640 0793		
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 <u><i>Sharon W. Carter</i></u> DATE <u>4/30/07</u> <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 NAME STREET ADDRESS CITY-ST-ZIP	DVPT CARTER, ARTHUR L 126 LAKE GREEN SILLS RD MELROSE, FL 326660556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, SHARON W 126 LAKE GREEN SILLS RD MELROSE, FL 326660556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOFFMAN, MARTIN K 4814 W. WOODLAWN ST DUNNELLON, FL 34432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Sharon W. Carter</i></u> SHARON W. CARTER <u>4/30/07</u> 386-659-2199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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