2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N93000003017

Entity Name: GRACE CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

204 BRANTLEY RD
GRANDIN, FL 32138

New Principal Place of Business:

126 LAKE GREEN SILLS RD.
HAWTHORNE, FL 32640

Current Mailing Address:

PO BOX 8
GRANDIN, FL 32138

New Mailing Address:

PO BOX 1552
MELROSE, FL 326661552

FEI Number: 59-3190826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete
Name: CARTER, ARTHUR L
Address: 126 LAKE GREEN SILLS RD
City-St-Zip: HAWTHORNE, FL 32640

Title: DP ( ) Delete
Name: CARTER, SHARON W
Address: 126 LAKE GREEN SILLS RD
City-St-Zip: HAWTHORNE, FL 32640

Title: DS ( ) Delete
Name: HOFFMAN, MARTIN K
Address: 4814 W. WOODLAWN ST
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 05/01/2009

Electronic Signature of Signing Officer or Director — Date