

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003017

**FILED**  
**Aug 19, 2011**  
**Secretary of State**

**Entity Name:** GRACE CHRISTIAN SCHOOL, INC.

**Current Principal Place of Business:**

126 LAKE GREEN SILLS RD.  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

204 BRANTLEY RD  
GRANDIN, FL 32138

**Current Mailing Address:**

PO BOX 1552  
MELROSE, FL 326661552

**New Mailing Address:**

PO BOX 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:**

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  
**Name:** CARTER, ARTHUR L  
**Address:** 126 LAKE GREEN SILLS RD  
**City-St-Zip:** HAWTHORNE, FL 32640

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON W CARTER

DP

08/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date