2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000000444

1. Entity Name

GRACE COMMUNITY SCHOOL OF GOLDEN GATE II, INC.



FILED Mar 31, 2006 08:00 AM Secretary of State

Principal Place of Business

5525 HUNTER BLVD NAPLES, FL 34116 Mailing Address

5524 19TH CT SW NAPLES, FL 34116



03272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3767286

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WILSON, GARY K ESQUIRE PORTER WRIGHT MORRIS & ARTHUR 5801 PELICAN BAY BLVD., STE 300 NAPLES, FL 34108-2709

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The above named entity submits this statement for the path obligations of registered agent.	talement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.				scep!
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent	signature	required when reinstating)	ØATE	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
46 DEFICEDS AND DIDE	TORS	X			

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10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, ELLSWORTH E 3590 23RD AVE SW NAPLES, FL 34117
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTYRE, PATRICIA L 3590 23RD AVE SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, FAWN L 4211 CINDY AVE NAPLES, FL 34112
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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12. It 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 it 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 607, 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: _

CITY-ST-ZIP

Farm I Harin

Fawn L. Harrison

3/27/030 (239)455-4520