

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # P03000000460**

1. Entity Name  
**GRACE COMMUNITY SCHOOL OF NAPLES PARK, INC.**



Principal Place of Business  
**871 100 AVE  
NAPLES, FL 34108**

Mailing Address  
**871 100 AVE  
NAPLES, FL 34108**



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3767290**

Applied For  
Not Applicant

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WILSON, GARY K ESQ  
5801 PELICAN BAY BLVD STE 300  
NAPLES, FL 34108-2709**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MCINTYRE, ELLSWORTH E  
3590 23RD AVE, S.W.  
NAPLES, FL 34117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MCINTTRE, PATRICIA  
3590 23RD AVE SW  
NAPLES, FL 34117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HARRISON, FAWN  
4211 CINDY AVE.  
NAPLES, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000487128  
04/13/06-80065-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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: Fawn L Harrison Fawn L Harrison 3/27/06 (239) 455-4520