

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000460

FILED  
Feb 04, 2009  
Secretary of State

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

**Current Principal Place of Business:**

871 100TH AVE N.  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

871 100TH AVE N.  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 59-3767290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, GARY K ESQ  
5801 PELICAN BAY BLVD STE 300  
NAPLES, FL 341082709 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCINTYRE, ELLSWORTH E  
Address: 3590 23RD AVE, S.W.  
City-St-Zip: NAPLES, FL 34117

Title: S ( ) Delete  
Name: MCINTYRE, PATRICIA  
Address: 3590 23RD AVE SW  
City-St-Zip: NAPLES, FL 34117

Title: T ( ) Delete  
Name: HARRISON, FAWN  
Address: 4211 CINDY AVE.  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: HARRISON, FAWN  
Address: 4980 LE BUFF RD.  
City-St-Zip: NAPLES, FL 34114

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** FAWN L. HARRISON

T

02/04/2009

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

\_\_\_\_\_  
Date