


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000000463	
1. Entity Name GRACE COMMUNITY SCHOOL OF N. FORT MYERS, INC.	

Principal Place of Business 4735 ORANGE GROVE BLVD N FORT MYERS, FL 33903	Mailing Address 4735 ORANGE GROVE BLVD N FORT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3767275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	MCINTYRE, ELLSWORTH
NAME	3590 23RD AVE. S.W.
STREET ADDRESS	NAPLES, FL 34117
CITY-ST-ZIP	
TITLE S	MCINTYRE, PATRICIA L
NAME	3590 23RD AVE. S.W.
STREET ADDRESS	NAPLES, FL 34117
CITY-ST-ZIP	
TITLE T	HARRISON, FAWN L
NAME	4211 CINDY AVE.
STREET ADDRESS	NAPLES, FL 34112
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/13/06-80065-007 150.00

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) 455-4528