


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000000480	
1. Entity Name GRACE COMMUNITY SCHOOL OF GOLDEN GATE III, INC.	

Principal Place of Business 5500 19TH CT., SW NAPLES, FL 34116	Mailing Address 5500 19TH CT., SW NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0443071	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILSON, GARY K ESQ.
5801 PELICAN BAY BLVD., SUITE 300
NAPLES, FL 34108-2709

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

TITLE	P
NAME	MCINTYRE, ELLSWORTH E
STREET ADDRESS	2590 23RD AVE. SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	S
NAME	MCINTYRE, PATRICIA L
STREET ADDRESS	3590 23RD AVE. SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	T
NAME	HARRISON, FAWN L
STREET ADDRESS	4211 CINDY AVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80065-001 150.00

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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) 455-4510