


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P34116 1. Entity Name GRACE COMMUNITY SCHOOL OF CAPE CORAL, INC.	
---	---

Principal Place of Business 871 MIRAMAR ST. CAPE CORAL, FL 33904 US	Mailing Address 871 MIRAMAR ST. CAPE CORAL, FL 33904 US
---	---



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0250839	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

MCINTYRE, ELLSWORTH E.
3590 23RD SW
NAPLES, FL 34117

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U000000283005
04/01/05-80009-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/28/05 (239) 455-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #