


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

|   |   |
|---|---|
| <b>DOCUMENT # P34116</b>  |  |
| 1. Entity Name<br><b>GRACE COMMUNITY SCHOOL OF CAPE CORAL, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>871 MIRAMAR ST.<br/>CAPE CORAL, FL 33904 US</b> | Mailing Address<br><b>871 MIRAMAR ST.<br/>CAPE CORAL, FL 33904 US</b> |
|---|---|



03272006 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE IN THIS SPACE**

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| 6. Name and Address of Current Registered Agent<br><br><b>MCINTYRE, ELLSWORTH E.<br/>3590 23RD SW<br/>NAPLES, FL 34117</b> |
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCP<br/>MCINTYRE, ELLSWORTH E.<br/>3590 23RD AVE S W<br/>NAPLES, FL 34117</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>MCINTYRE, PATRICIA L.<br/>3590 23RD AVE S W<br/>NAPLES, FL 34117</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>HARRISON, FAWN L.<br/>4211 CINDY AVE<br/>NAPLES, FL 34112</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/13/06-80062-025 150.00

**DO NOT WRITE  
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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 (206) 455-1020