

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004283

Entity Name: GRACE CLASSICAL ACADEMY, INC.**Current Principal Place of Business:**3971 VIA DEL REY
BONITA SPRINGS, FL 34134**Current Mailing Address:**P.O. BOX 1012
BONITA SPRINGS, FL 34133 US**FEI Number: 46-5621765****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUVAL, SCOTT W
27200 RIVERVIEW CENTER BLVD.
SUITE 310
BONITA SPRINGS, FL 34134 US*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**Officer/Director Detail :**Title DIRECTOR, PRESIDENT
Name DUVAL, SCOTT W
Address PO BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133Title SECRETARY, VP, DIRECTOR
Name DUVAL, WENDY A
Address PO BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133Title TREASURER, VP, DIRECTOR
Name LOVEALL, EMILY
Address PO BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133Title DIRECTOR
Name LOVEALL, MATT
Address PO BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133Title DIRECTOR
Name WILLETT, RICHARD
Address PO BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT W. DUVAL**PRESIDENT****03/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date