

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

LOVEALL, EMILY
3971 VIA DEL REY
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: EMILY LOVEALL

06/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name LOVEALL, EMILY
Address P.O. BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133

Title TREASURER, DIRECTOR
Name CHRISTIANSON, KYLE
Address P.O. BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133

Title VP, DIRECTOR
Name AMY , MAURIELLO
Address PO BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR
Name POTTER, RYAN
Address P.O. BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133

Title SECRETARY
Name PAUL, CHRIS
Address P.O. BOX 1012
City-State-Zip: BONITA SPRINGS FL 34133

Title FINANCIAL DIRECTOR
Name MOHLENHOFF, ADRIANA
Address P.O. 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: ADRIANA MOHLENHOFF

FINANCIAL DIRECTOR

06/23/2025

Electronic Signature of Signing Officer/Director Detail

Date