

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000000468

**Entity Name:** GRACE COMMUNITY SCHOOL OF GOLDEN GATE, INC.**Current Principal Place of Business:**5524 19TH CT SW  
NAPLES, FL 34116**Current Mailing Address:**5524 19TH CT SW  
NAPLES, FL 34116**FEI Number: 59-3767283****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BEAL, MICHAEL F  
4001 SANTA BARBARA BLVD. #341  
NAPLES, FL 34104 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: MICHAEL F. BEAL****04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	MCINTYRE, PATRICIA
Address	3590 23RD AVE SW
City-State-Zip:	NAPLES FL 34117

Title	PRESIDENT
Name	HARRISON, FAWN L
Address	4980 LEBUFF RD.
City-State-Zip:	NAPLES FL 34114

Title	TREASURER
Name	WALKER, ABIGAIL
Address	27606 WISCONSIN ST.
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	ADAMS, RACHEL
Address	2370 VERDMONT CT.
City-State-Zip:	CAPE CORAL FL 33991

Title	DIRECTOR
Name	SLACK, AMY
Address	6865 FAIRVIEW ST.
City-State-Zip:	FORT MYERS FL 33966

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

**SIGNATURE: FAWN L. HARRISON****PRESIDENT****04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date