

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007042

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: EAGLES' NEST COMMUNITY CHARTER SCHOOLS, INC.

**Current Principal Place of Business:**

273 S STATE ROAD 7 #277  
MARGATE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

273 S STATE ROAD 7 #277  
MARGATE, FL 33068

**New Mailing Address:**

FEI Number: 65-1046983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER-GRANT, JOHN S  
273 SOUTH SR 7  
#277  
MARGATE, FL 33068 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOSTER-GRANT, PAULINE  
Address: 273 S STATE ROAD 7 #277  
City-St-Zip: MARGATE, FL 33068 US

Title: VP ( ) Delete  
Name: FOSTER-GRANT, JOHN  
Address: 273 S STATE ROAD 7 #277  
City-St-Zip: MARGATE, FL 33068 US

Title: T ( ) Delete  
Name: GRIFFIN, MARCIA  
Address: 273 S STATE ROAD 7 #277  
City-St-Zip: MARGATE, FL 33068 US

Title: S ( ) Delete  
Name: GARDNER, CAROL  
Address: 273 S STATE ROAD 7 #277  
City-St-Zip: MARGATE, FL 33068 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GRIFFIN, MARCIA  
Address: 273 S STATE ROAD 7 #277  
City-St-Zip: MARGATE, FL 33068

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAULINE FOSTER GRANT

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date