

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006979 (5)**  
1. Corporation Name  
**EDVENTURE CHARTER SCHOOL INC.**



Principal Place of Business <b>200 HYPOLUXO ROAD #201 HYPOLUXO FL 33462</b>	Mailing Address <b>200 HYPOLUXO ROAD #201 HYPOLUXO FL 33462</b>
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3. Date Incorporated or Qualified  
**12/16/1997**

4. FEI Number <b>65-0802918</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>27</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**SQUATRITO, ANGELO V  
200 HYPOLUXO ROAD #201  
HYPOLUXO FL 33462**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Squatrito, Angelo V.
STREET ADDRESS		1.3 STREET ADDRESS	491 Sunset Way
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Juno Beach, FL 33408
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Everhart, Candice L.
STREET ADDRESS		2.3 STREET ADDRESS	825 Canter Street #4-C
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Landy, Patrick
STREET ADDRESS		3.3 STREET ADDRESS	515 Sequoia Drive #112
CITY - ST - ZIP		3.4 CITY - ST - ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Goodman, Robert
STREET ADDRESS		4.3 STREET ADDRESS	7554 Charing Cross Lane
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Delray Beach, FL 33446
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Saunders, Franklin
STREET ADDRESS		5.3 STREET ADDRESS	5105 Palm Hill Drive #Y-365
CITY - ST - ZIP		5.4 CITY - ST - ZIP	West Palm Beach, FL 33415
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4-1-98 561-547-9258

CR2E037 (10/97)