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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700006979

Corporation Name

**EDVENTURE CHARTER SCHOOL INC.** 

Principal Place of Busine	ess
200 HYPOLUXO ROAD #	201

2. Principal Place of Business

Mailing Address

2a. Mailing Address

200 HYPOLUXO ROAD #201 HYPOLUXO FL 33462

## FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90038 024 \*\*\*\*61.25

3. Date incorporated or Qualifed

12/16/1997

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Appl	lied For				
22		27			<b>65-0802918</b>		Not	Applicable				
City & Stat	e	City & State			5. Certificate of Status Desired		8.75 Ad	Iditional				
23		28			Certificate of Status Desired	U	Fee Req	uired				
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 N	lay Be				
24	25	29 30	5		Trust Fund Contribution		Added to	Fees				
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Age	nt					
			81	Name								
COLIATOR	ΓO, ANGELO V		92	82 Street Address (P.O. Box Number is Not Acceptable)								
			02	Street Address (P.O. Box Number is Not Acceptable)								
200 HYPOLUXO ROAD #201 HYPOLUXO FL 33462				83								
ПІРОСОХ	O FL 33402	•	ļ									
			84	City	• • • • • • • • • • • • • • • • • • • •	FL :	is Zip Co	,de				
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statutes.	the above	-named con	poration submits this statement for the r	ourpose of cha	naina its r	agistered				
office or r	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. Thereby accept the appointment as registered agent. I am familial with, and accept the obligations of rection 617.0503, Florida Statutes.											
agent. I a	m familiar with, and accept the obligat	- W\I	a Statutes.		1.1584 1.40 1.448 1.50 1.50 1.5 1.5 1.5 1.5	01/25	140	* 543: 3801				
SIGNATURE	Signature, typed or printed game of registered agen	Sect title if proliceble (NOTE: Re	nistered Agen	t signature requir	ed when reinstating)	DATE	( 6 /					
12.	OFFICERS AN	<u> </u>	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 12				
TITLE	PD	☐ DELETE	1.1 TITLE		(4) 40. 44.		] Change	Addition				
NAME .	SQUATRITO, ANGELO V.		1.2 NAME		***							
STREET ADDRESS			1.3 STREET	ADDRESS	in Olympia							
	JUNO BEACH FL 33408		i .									
CITY-ST-ZIP	VPD		1.4 CITY-ST 2.1 TITLE	1·ZIP			Change	Addition				
	··· =						, criainge					
NAME	EVERHART, CANDICE L.		2.2 NAME									
STREET ADDRESS			2.3 STREET									
CITY-ST-ZIP	JUPITER FL 33458	D DELETE	2. 4 CITY-S	T-ZIP			Change	Addition				
TITLE	π	☐ DELETE	3.1 TITLE			L.	Change	[] Addition				
NAME :	LANDY, PATRICK		3.2 NAME			•						
STREET ADDRESS	515 SEQUOIA DR, #112		3.3 STREET	ADDRESS				.				
CITY-ST-ZIP	WEST PALM BEACH FL 33409	·	3.4. CITY-S	T-ZIP	5 1							
TITLE	SD	☐ DELETE	4.1 TITLE		•		) Change	☐ Addition				
NAME	GOODMAN, ROBERT		4. 2 NAME		· 1000 · 1000 · 1000 · 1000	14 f. fr. (188-193	GB 110 1581	\$ 1511 1531				
STREET ADDRESS	7554 CHARING CROSS LANE		4.3 STREET	ADDRESS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
CITY-ST-ZIP	DELRAY BEACH FL 33446		4.4 CITY-ST	r-ZIP			神诗,理。					
TITLE	D.	☐ DELETE	5.1 TITLE				Change	☐ Addition				
NAME	Saunders, Franklin		5.2 NAME									
STREET ADDRESS	5105 PALM HILL DR, #Y-365		5.3 STREET	ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL 33415		5.4 CITY-ST	r-ZiP		· :						
TITLE	2007	☐ DELETE	6.1 TITLE				Change	☐ Addition				
NAME			6.2 NAME					ľ				
STREET ADDRESS	1 W 1		6.3 STREET	ADDRESS	•							
CITY-ST-ZIP	1190	_	6.4 CITY-ST	r-ZIP								

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Duding Phone #

JKZEU3/ (11/98)