

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# N97000006979

Entity Name: EDVENTURE CHARTER SCHOOL INC.

**Current Principal Place of Business:**

115 EAST COAST AVENUE  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

115 EAST COAST AVENUE  
HYPOLUXO, FL 33462

**New Mailing Address:**

FEI Number: 65-0802918      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SQUATRITO, ANGELO V  
115 EAST COAST AVENUE  
HYPOLUXO, FL 33462

**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: PD ( ) Delete  
Name: SQUATRITO, ANGELO V.  
Address: 171 SPYGLASS LN  
City-St-Zip: JUPITER, FL 33477

Title: VPD ( ) Delete  
Name: EVERHART, CANDICE L.  
Address: 825 CENTER ST #4-C  
City-St-Zip: JUPITER, FL 33458

Title: TD ( ) Delete  
Name: LANDY, PATRICK  
Address: 6261 WINDCHIME PL  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete  
Name: GOODMAN, ROBERT  
Address: 7554 CHARING CROSS LANE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: MILES, MIKE DR  
Address: 1700 SOUTH OCEAN BLVD #5  
City-St-Zip: DELRAY BEACH, FL 33483

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

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

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

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

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

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: ANGELO SQUATRITO

PD

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date