2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006979

Entity Name: EDVENTURE CHARTER SCHOOL INC.

Current Principal Place of Business: New Principal Place of Business: 115 EAST COAST AVENUE HYPOLUXO, FL 33462 **Current Mailing Address: New Mailing Address:** 115 EAST COAST AVENUE HYPOLUXO, FL 33462 FEI Number: 65-0802918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SQUATRITO, ANGELO V 115 EAST CÓAST AVENUE HYPOLUXO, FL 33462 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SQUATRITO, ANGELO V. EVERHART, CANDICE L. Name: Name: 171 SPYGLASS LN Address: 825 CENTER ST #4-C Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: () Change () Addition Name: EVERHART, CANDICE L. Name: Address: 825 CENTER ST #4-C Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: () Change () Addition LANDY, PATRICK Name: Name: 6261 WINDCHIME PL Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: SD () Delete Title: () Change () Addition GOODMAN, ROBERT Name: Name: 7554 CHARING CROSS LANE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: () Delete Title: () Change () Addition MILES, MIKE DR Name: Name: 1700 SOUTH OCEAN BLVD #5 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

ROBERTS, CLAUDIA

5077 WILLOW POND RD. W WEST PALM BEACH, FL 33417

SIGNATURE: ANGELO V. SQUATRITO MR. 01/28/2005

Name:

Address:

City-St-Zip:

FILED Jaņ 28, 2<u>00</u>5

Secretary of State