

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012753

Entity Name: FLORIDA EAST COAST CHARTER SCHOOL, INC.**Current Principal Place of Business:**6 SLOW STREAM WAY
ORMOND BEACH, FL 33174**Current Mailing Address:**6 SLOW STREAM WAY
ORMOND BEACH, FL 33174 US**FEI Number:** 87-0961992**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEEBER, BRIAN R.
6 SLOW STREAM WAY
ORMOND BEACH, FL 33174 US*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**Officer/Director Detail :**

Title TREASURER
Name KLUTH, MARY KATHLEEN
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

Title DIRECTOR
Name GNANAMANICKAM, JESSICA
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

Title CHAIR AND SECRETARY
Name SEEBER, BRIAN R.
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name PEAK, CINDY
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

Title VICE CHAIR
Name GAGNE, JOHN
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

Title DIRECTOR
Name PRAZENICA, RICHARD
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

Title DIRECTOR
Name GRISSOM, DR. BEVERLY
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

Title DIRECTOR
Name PACKARD, STEVEN
Address 6 SLOW STREAM WAY
City-State-Zip: ORMOND BEACH FL 33174

I hereby 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 all other like empowered.

SIGNATURE: BRIAN R. SEEBER**CHAIR****02/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date