

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006979

FILED
Jan 12, 2024
Secretary of State
8257161060CC

Entity Name: EDVENTURE CHARTER SCHOOL INC.

Current Principal Place of Business:

115 EAST COAST AVENUE
HYPOLUXO, FL 33462

Current Mailing Address:

115 EAST COAST AVENUE
HYPOLUXO, FL 33462

FEI Number: 65-0802918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZ, BARBARA
115 EAST COAST AVENUE
HYPOLUXO, FL 33462 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 SECRETARY, TREASURER,
DIRECTOR
Name CARNICOM, DEREK
Address 6320 LANTANA ROAD
City-State-Zip: LAKE WORTH FL 33463

Title VC
Name FELDMAN, RUSS
Address 8429 MYAKKA CT
City-State-Zip: LAKE WORTH FL 33467

Title CHAIRMAN
Name D'AMATO, DAWN
Address 115 EAST COAST AVENUE
City-State-Zip: HYPOLUXO FL 33462

Title DIRECTOR
Name SMOLIN, HOWARD
Address 115 EAST COAST AVENUE
City-State-Zip: HYPOLUXO FL 33462

Title CEO
Name FITZ, BARBARA
Address 115 EAST COAST AVENUE
City-State-Zip: HYPOLUXO FL 33462

Title DIRECTOR
Name ADLER, MITCH
Address 115 EAST COAST AVENUE
City-State-Zip: HYPOLUXO FL 33462

Title DIRECTOR
Name GUZMAN, LINDA
Address HYPOLUXO, FL 33462
City-State-Zip: HYPOLUXO FL 33462

Title DIRECTOR
Name CAROTHERS, DOUG
Address HYPOLUXO, FL 33462
City-State-Zip: HYPOLUXO FL 33462

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: FITZ, BARBARA

EXECUTIVE DIRECTOR

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date