

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001295

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ADVOCATES FOR SCHOOL CHOICE, INC.

## Current Principal Place of Business:

1660 L STREET  
SUITE 1000  
WASHINGTON, DC 20036

## New Principal Place of Business:

## Current Mailing Address:

1660 L STREET  
SUITE 1000  
WASHINGTON, DC 20036

## New Mailing Address:

FEI Number: 33-0627955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## 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: D ( ) Delete  
Name: OBERNDORF, WILLIAM  
Address: 591 REDWOOD HIGHWAY #3215  
City-St-Zip: MILL VALLEY, CA 94941

Title: SD ( ) Delete  
Name: KIRTLEY, JOHN  
Address: 337 SOUTH PLANT AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: FULLER, HOWARD  
Address: 750 N. 18TH STREET #130  
City-St-Zip: MILWAUKEE, WI 53233

Title: P ( ) Delete  
Name: HOKANSON, CHARLES R  
Address: 1660 L STREET, SUITE 100  
City-St-Zip: WASHINGTON, DC 20036

Title: T ( ) Delete  
Name: MILLER, JENNIFER  
Address: 1660 L STREET, SUITE 1000  
City-St-Zip: WASHINGTON, DC 20036

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: OBERNDORF, WILLIAM  
Address: 591 REDWOOD HIGHWAY #3215  
City-St-Zip: MILL VALLEY, CA 94941

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

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

Title: P (X) Change ( ) Addition  
Name: SCHILLING, JOHN  
Address: 1660 L STREET, SUITE 100  
City-St-Zip: WASHINGTON, DC 20036

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

Title: D ( ) Change (X) Addition  
Name: CONE, BOB  
Address: 102 SOUTH PINE STREET  
City-St-Zip: ELVERSON, PA 19520

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JENNIFER MILLER

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date