2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006063

Apr 26, 2007 Secretary of State

Entity Name: THE APALACHICOLA BAY CHARTER SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 350 FRED MEYER APALACHICOLA, FL 32320 **Current Mailing Address: New Mailing Address:** 350 FRED MEYER APALACHICOLA, FL 32320 FEI Number: 59-3716922 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: VAIL, J DEAN III VAIL, J DEAN III 160 ÁVENUE C 103 LAUGHING GULL LANE APALACHICOLA, FL 32320 US CARRABELLE, FL 32322 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: 04/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: V-CH () Delete (X) Change () Addition MILLER, MISSY KOZLOWSKY, HENRY L Name: Name: 55 S. BAYSHORE DRIVE Address: 106 LAS BRISAS WAY Address: City-St-Zip: EASTPORT, FL 32328 City-St-Zip: EASTPOINT, FL 32328 Title: CH () Delete Title: () Change () Addition Name: CHORBA, NANCY DR. Name: Address: 139 DEER PATCH LN Address: City-St-Zip: APALACHICOLOA, FL 32320 City-St-Zip: Title: () Delete Title: () Change () Addition KIRVIN, ELIZABETH Name: Name: 142 DEER PATCH LANE Address: Address:

Title: TD

City-St-Zip:

() Delete

APALACHICOLA, FL 32320

RASH, STEVÈ Name: 391 MARKET STREET Address: City-St-Zip: APALACHICOLA, FL 32320

Title: () Delete

BUCK, PAT Name: 1171 BLUFF ROAD Address: APALACHICOLA, FL 32320 City-St-Zip:

Title: () Delete SINK JOHN

Name: Address: 112 LAS BRISAS WAY EASTPOINT, FL 32328 32 City-St-Zip:

Title: (X) Change () Addition

() Change () Addition

SHIVER, MELANIE Name: 407 BROWNSVILLE ROAD Address: City-St-Zip: APALACHICOLA, FL 32320

Title: V-CH (X) Change () Addition

SINK, JOHN Name: Address: 112 LAS BRISAS WAY EASTPOINT, FL 32328 32 City-St-Zip:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY CHORBA C 04/26/2007