

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006063

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE APALACHICOLA BAY CHARTER SCHOOL, INC.

Current Principal Place of Business:

350 FRED MEYER
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

350 FRED MEYER
APALACHICOLA, FL 32320

New Mailing Address:

350 FRED MEYER ST
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:

VAIL, J DEAN III
103 LAUGHING GULL LANE
CARRABELLE, FL 32322 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: SD () Delete
Name: MILLER, MISSY
Address: 106 LAS BRISAS WAY
City-St-Zip: EASTPOINT, FL 32328

Title: CH () Delete
Name: CHORBA, NANCY DR.
Address: 139 DEER PATCH LN
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: HAYES, BUD
Address: 1233 WATKINS COVE
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: TD () Delete
Name: RASH, STEVE
Address: 391 MARKET STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: SHIVER, MELANIE
Address: 407 BROWNSVILLE ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: V-CH () Delete
Name: SINK, JOHN
Address: 112 LAS BRISAS WAY
City-St-Zip: EASTPOINT, FL 32328 32

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: NANCY CHORBA

CH

01/20/2009

Electronic Signature of Signing Officer or Director

Date