

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007076

FILED
Jan 27, 2006
Secretary of State

Entity Name: SURVIVORS CHARTER SCHOOL, INC.

Current Principal Place of Business:

1310 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1310 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-1051022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOEHLER, DENNIS
1280 N. CONGRESS AVENUE, SUITE 104
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

KOEHLER, DENNIS P P A.
1280 N. CONGRESS AVENUE, SUITE 104
WEST PALM BEACH, FL 33409 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: DENNIS P. KOEHLER

01/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAGOLINZER, NEIL
Address: 1555 PALM BEACH LAKES BLVD. #1010
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P (X) Delete
Name: TUTHILL, JAMES ESQ
Address: 8391 IRONHORSE CT
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Delete
Name: FAQUIR, HAMID PHD
Address: 6911 CARISSA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: MEDLOCK, JAMES DDS
Address: 2326 SOUTH CONGRESS AVE., SUITE D
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: ROBB, GEORGE
Address: 451 SOUTH JUNO LANE
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JAGOLINZER, NEIL
Address: 1555 PALM BEACH LAKES BLVD. #1010
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: P (X) Change () Addition
Name: FAQUIRE, HAMID PHD
Address: 6911 CARISSA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

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 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: GEORGE ROBB

T

01/27/2006

Electronic Signature of Signing Officer or Director

Date