

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007112

FILED
Apr 29, 2009
Secretary of State

Entity Name: MESTA CHARTER SCHOOLS, INC.

Current Principal Place of Business:

5370 SILVER STAR RD
ORLANDO, FL 32818

New Principal Place of Business:

31 N TAMPA AVE
ORLANDO, FL 32805

Current Mailing Address:

PO BOX 580038
ORLANDO, FL 32858

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: P () Delete
Name: MORRIS, LINTON
Address: P.O. BOX 683345
City-St-Zip: ORLANDO, FL 32868

Title: D () Delete
Name: CARPENTER, HECTOR
Address: 2512 CATALINA DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: MORRIS, ELAINE
Address: P.O. BOX 580038
City-St-Zip: ORLANDO, FL 32838

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:

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: HCARPENTER

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date