

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003687

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** CHARTER SCHOOLS OF BOYNTON BEACH, INC.**Current Principal Place of Business:**801 NORTH CONGRESS AVENUE  
SUITE # 483  
BOYNTON BEACH, FL 33426**New Principal Place of Business:****Current Mailing Address:**C/O PAMELA B. OWENS  
P.O. BOX 272597  
BOCA RATON, FL 33427 US**New Mailing Address:****FEI Number:** 65-1057099**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OWENS, PAMELA B  
801 NORTH CONGRESS AVENUE  
SUITE #483  
BOYNTON BEACH, FL 33426 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:** BREWSTER, ELEANOR  
**Address:** 10182 BROOKVILLE LANE  
**City-St-Zip:** BOCA RATON, FL 33428 US**Title:** D ( ) Delete  
**Name:** WATHEY-LEE, CAROLYN  
**Address:** 325 NW 15TH STREET  
**City-St-Zip:** DELRAY BEACH, FL 33444 US**Title:** D ( ) Delete  
**Name:** HOLCOMB, GLENN  
**Address:** 9475 LISTOW TERRACE  
**City-St-Zip:** BOYNTON BEACH, FL 33437**Title:** C ( ) Delete  
**Name:** LAGERQUIST, EMILY N  
**Address:** 6580 ALTURA PL.  
**City-St-Zip:** BOCA RATON, FL 33433**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** HOLCOMB, GLENN  
**Address:** 9475 LISTOW TERRACE  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US**Title:** C (X) Change ( ) Addition  
**Name:** LAGERQUIST, EMILY N  
**Address:** 6580 ALTURA PL.  
**City-St-Zip:** BOCA RATON, FL 33433 US**Title:** O ( ) Change (X) Addition  
**Name:** OWENS, PAMELA B  
**Address:** PO BOX 272597  
**City-St-Zip:** BOCA RATON, FL 33427 US**Title:** O ( ) Change (X) Addition  
**Name:** OWENS, WAYNE  
**Address:** PO BOX 272597  
**City-St-Zip:** BOCA RATON, FL 33427 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA A. B. OWENS

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04/30/2004

Electronic Signature of Signing Officer or Director

Date