




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90314 018 ****70.00

| | | | | | |
|---|--------------------------------|---|--|---|---------------|
| DOCUMENT # N01000003687 | | | |  | |
| 1. Entity Name CHARTER SCHOOLS OF BOYNTON BEACH, INC. | | | | | |
| Principal Place of Business 801 NORTH CONGRESS AVENUE SUITE # 483 BOYNTON BEACH, FL 33426 | | | Mailing Address C/O PAMELA B. OWENS P.O. BOX 272597 BOCA RATON, FL 33427 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address P.O. Box 2597 | | |
| Suite, Apt. #, etc. Suite 529 | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State Boca Raton FL | | |
| Zip | | Country | Zip | | Country |
| | | | 33427 | | U.S.A. |
| 6. Name and Address of Current Registered Agent OWENS, PAMELA B 801 NORTH CONGRESS AVENUE SUITE #483 BOYNTON BEACH, FL 33426 | | | 7. Name and Address of New Registered Agent Name Pamela Owens Street Address (P.O. Box Number is Not Acceptable) 801 North Congress Avenue Suite 529 City Boynton Beach FL Zip Code 33426 | | |
| 8. The above named entity submits this statement as true and correct to the best of its knowledge and belief, and I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  03/29/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 / Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BREWSTER, ELEANOR | | NAME | | |
| STREET ADDRESS | 4035 EASTRIDGE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WATHEY-LEE, CAROLYN | | NAME | | |
| STREET ADDRESS | 325 NW 15TH STREET | | STREET ADDRESS | P.O. Box 2597 | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | | CITY-ST-ZIP | Boca Raton, FL 33427 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOLCOMB, GLENN | | NAME | | |
| STREET ADDRESS | 9475 LISTOW TERRACE | | STREET ADDRESS | P.O. Box 2597 | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | CITY-ST-ZIP | Boca Raton, FL 33427 | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAGERQUIST, EMILY N | | NAME | | |
| STREET ADDRESS | 6580 ALTURA PL. | | STREET ADDRESS | P.O. Box 2597 | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | Boca Raton, FL 33427 | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OWENS, PAMELA B | | NAME | | |
| STREET ADDRESS | PO BOX 272597 | | STREET ADDRESS | P.O. Box 2597 | |
| CITY-ST-ZIP | BOCA RATON, FL 33427 | | CITY-ST-ZIP | Boca Raton FL 33427 | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OWENS, WAYNE | | NAME | | |
| STREET ADDRESS | PO BOX 272597 | | STREET ADDRESS | P.O. Box 2597 | |
| CITY-ST-ZIP | BOCA RATON, FL 33427 | | CITY-ST-ZIP | Boca Raton, FL 33427 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address change. | | | | | |
| SIGNATURE:  | | | 03/29/2006 561-738-2380 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |