

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003687

FILED
May 01, 2007
Secretary of State

Entity Name: CHARTER SCHOOLS OF BOYNTON BEACH, INC.

Current Principal Place of Business:

801 NORTH CONGRESS AVENUE
SUITE # 529
BOYNTON BEACH, FL 33426

New Principal Place of Business:

7887 NORTH FEDERAL HIGHWAY
LEVITZ PLAZA
BOCA RATON, FL 33487

Current Mailing Address:

POB 2597
BOCA RATON, FL 33427 US

New Mailing Address:

FEI Number: 65-1057099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWENS, PAMELA B
801 NORTH CONGRESS AVENUE
SUITE #529
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

OWENS, PAMELA B CFO
7887 NORTH FEDERAL HIGHWAY
LEVITZ PLAZA
BOCA RATON, FL 33487 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: PAMELA OWENS

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATHEY-LEE, CAROLYN
Address: POB 2597
City-St-Zip: BOCA RATON, FL 33427 US

Title: D () Delete
Name: HOLCOMB, GLENN
Address: POB 2597
City-St-Zip: BOCA RATON, FL 33427 US

Title: C () Delete
Name: LAGERQUIST, EMILY N
Address: POB 2597
City-St-Zip: BOCA RATON, FL 33427 US

Title: O () Delete
Name: OWENS, PAMELA B
Address: POB 2597
City-St-Zip: BOCA RATON, FL 33427 US

Title: O () Delete
Name: OWENS, WAYNE
Address: POB 2597
City-St-Zip: BOCA RATON, FL 33427 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SMITH, SYLVIA
Address: POB 2597
City-St-Zip: BOCA RATON, FL 33427 US

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: D () Change (X) Addition
Name: COX, VIOLET
Address: POB 2597
City-St-Zip: BOCA RATON, F; 33427 US

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: PAMELA OWENS

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05/01/2007

Electronic Signature of Signing Officer or Director

Date