

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004163

FILED
Feb 17, 2004
Secretary of State**Entity Name:** FULL CIRCLE COMMUNITY SCHOOL CORPORATION**Current Principal Place of Business:**1548 SUGARWOOD CIR
WINTER PARK, FL 32792**New Principal Place of Business:****Current Mailing Address:**1548 SUGARWOOD CIR
WINTER PARK, FL 32792**New Mailing Address:****FEI Number:** 59-3725264**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GULDI, JAMES K
1548 SUGARWOOD CIR
WINTER PARK, FL 32792**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: GULDI, JAMES K
Address: 1548 SUGARWOOD CIR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: GULDI, PAMELA K
Address: 1548 SUGARWOOD CIR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: COLE, RISA
Address: 413 LONGSHADOWS COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BASQUEZ, ELISABETH
Address: 1103 MARCUS COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: DOLAMORE, SUSAN
Address: 2224 RED EMBER ROAD
City-St-Zip: OVIEDO, FL 32765

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: LEVICK, KRISTINE
Address: 1651 GLADIOLAS DR
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change () Addition
Name: WORISCHECK, KRISTIN
Address: 5219 CHAKANOTOSA CIR
City-St-Zip: ORLANDO, FL 32818

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 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: JAMES K GULDI

D

02/17/2004

Electronic Signature of Signing Officer or Director

Date