

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004213

FILED
Feb 17, 2008
Secretary of State

Entity Name: COMPASS CHARTER MIDDLE SCHOOL, INC.

Current Principal Place of Business:

550 EAST CLOWER STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

550 EAST CLOWER STREET
BARTOW, FL 33830

New Mailing Address:

FEI Number: 01-0699969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, HARRY R
550 E CLOWER STREET
BARTOW, FL 33830 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: C () Delete
Name: LONGWORTH, LEO
Address: 1610 N BROADWAY
City-St-Zip: BARTOW, FL 33830 US

Title: P () Delete
Name: WILLIAMS, HARRY R
Address: 550 E CLOWER STREET
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: LANGFORD, JOHN
Address: 100 WEST PACKINGHOUSE ROAD
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: BARNES, RANDY
Address: 906 HAMMOND SHADE DRIVE
City-St-Zip: LAKE LAND, FL 33809 US

Title: D () Delete
Name: JILES, JIMMY
Address: 550 E CLOWER STREET
City-St-Zip: BARTOW, FL 33830 US

Title: S () Delete
Name: BRONSON, TERI
Address: 1310 S FLORAL AVENUE
City-St-Zip: BARTOW, FL 33830 US

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: ALCORN, SHARON
Address: 550 E. CLOWER STREET
City-St-Zip: BARTOW, FL 33830 US

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

Title: D (X) Change () Addition
Name: JAMES, SANDRA
Address: 550 E CLOWER STREET
City-St-Zip: BARTOW, FL 33830 US

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: HARRY WILLIAMS

O

02/17/2008

Electronic Signature of Signing Officer or Director

Date