2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N02000004213

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:	ALCORN, SHARON	
Address:	550 E. CLOWER STREET	
City-St-Zip:	BARTOW, FL 33830 US	
Title:	D	( ) Delete
Name:	BARNES, RANDY	
Address:	906 HAMMOND SHADE DRIVE	
City-St-Zip:	LAKELAND, FL 33809 US	
Title:	D	( ) Delete
Name:	JAMES, SANDRA	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 P 03/04/2009

Electronic Signature of Signing Officer or Director — Date