2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004213

Entity Name: COMPASS CHARTER MIDDLE SCHOOL, INC.

FILED Jan 28, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 EAST CLOWER STREET BARTOW, FL 33830 **Current Mailing Address: New Mailing Address:** 550 EAST CLOWER STREET BARTOW, FL 33830 FEI Number: 01-0699969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALLOCK, DAVID D JR WILLIAMS, HARRY R ONE LAKÉ MORTON DRIVE 550 E CLOWER STREET LAKELAND, FL 33801 BARTOW, FL 33830 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: HARRY R WILLIAMS 01/28/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition LONGWORTH, LEO Name: Name: Address: Address: 1610 N BROADWAY City-St-Zip: City-St-Zip: BARTOW, FL 33830 US Title: Title: () Change (X) Addition () Delete Name: Name: WILLIAMS, HARRY R Address: Address: 550 E CLOWER STREET City-St-Zip: City-St-Zip: BARTOW, FL 33830 US Title: () Delete Title: () Change (X) Addition LANGFORD, JOHN Name: Name: 100 WEST PACKINGHOUSE ROAD Address: Address: City-St-Zip: City-St-Zip: BARTOW, FL 33830 US Title: () Delete Title: () Change (X) Addition Name: Name: BARNES, RANDY 906 HAMMOND SHADE DRIVE Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33809 US Title: () Delete Title: () Change (X) Addition BOWMAN, JANICE Name: Name: 190 W VALENCIA DRIVE Address: Address: BARTOW, FL 33830 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition BRONSON, TERI Name: Name: Address: Address: 1310 S FLORAL AVENUE BARTOW, FL 33830 US City-St-Zip: 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: HARRY R WILLIAMS P 01/28/2003