


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90031 023 \*\*\*\*70.00

DOCUMENT # NO2000007423

1. Entity Name  
**WILBESAN CHARTER SCHOOL**



**DO NOT WRITE IN THIS SPACE**

**24041178**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8119 E. Martin Luther King, Blvd.**

3. Mailing Address  
**P.O. Box 89965**

Suite, Apt. #, etc.

City & State  
**Tampa, Fl.**

City & State  
**Tampa, Fl.**

4. FEI Number **52-2379215**

Applied For  
 Not Applicable

Zip **33619** Country **Hillsborough**

Zip **33689** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Eddie J. White, II**

Street Address (P.O. Box Number is Not Acceptable)  
**1873 Ridgevalley Street**

City **Clermont, FL** Zip Code **34711**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FEE IS \$61.25  
Initial or Amended UBR**

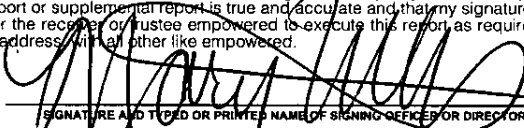
9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Eddie J. White, II, President 1873 Ridgevalley Street Clermont, Fl. 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Dell Robertson Board Member 9022 Foxwood Dr. N. Tallahassee, Fl. 32309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Adewally Adewumi, Treasurer 1535 N. U.S. 1 Hwy Ormond Beach, Fl. 3217</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary Adams, Board Member 3675 Sugarcreek St. Tampa, Fl. 33619</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Mary White, Vice President 8319 Canterbury Lakes Blvd. Tampa, Fl. 33619</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mary White**

Date **4/5/04** Daytime Phone # \_\_\_\_\_