2003 NOT-FOR-PROFIT CORPORATION

04-11-2003 90146 007 ****61.25 FILED NO2000007423 SECRETARY OF STATE DIVISION OF CORPORATIONS **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N02000007423 1. Entity Name 03 APR 22 AM 9: 07 WILBESAN CHARTER SCHOOL, INC. Principal Place of Business Mailing Address 1767 TILLSTREAM DRIVE 1767 TILLSTREAM DRIVE ORLANDO FL 32818 ORLANDO FL 32818 Principal Place of Business 3. Mailing Address 20. Box 899105 19E. Marson Lutter Ku Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State FEI Number Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WHITE, EDDIE J II Street Address (P.O. Box Number is Not Acceptable) 1767 TILLSTREAM DRIVE ORLANDO FL 32818 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 70. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/02) TITLE ☐ Delete TITLE ☐ Change Addition D NAME NAME STREET ADDRESS 2 Till Streem Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition D NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME_ ong Chempson 6m NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-7IP Addition ☐ Delete TITLÊ ☐ Change TITLE D NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS Mory has STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP