## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jul 06, 2004 8:00 am Secretary of State **DOCUMENT # N02000007736** 07-06-2004 90114 038 \*\*\*\*61.25 TAPESTRY PARK CHARTER SCHOOL, INC. Mailing Address Principal Place of Business 44047010 1806 CONNECTICUT AVENUE 1806 CONNECTICUT AVENUE LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 GR2E037 (10/03) Chg-NP Applied For City & State City & State 4. FEI Number 57-1135389 Not Applicable Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANEY, ELIZABETH S 1806 CONNECTICUT AVENUE Street Address (P.O. Box Number is Not Acceptable) LYNN HAVEN, FL 32444 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. F- 35 SIGNATURE" Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filling Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE MELVIN, JARRETT G NAME MARK TANNEY NAME STREET ADDRESS 840 SANTA ROSA COURT STREET ADDRESS 2504 PELICAN PAY BRIVE FORT WALTON BEACH, FL 32548 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 กร TITLE ☐ Defete TITLE ☐ Change Addition NAME KENASTON, NANCY M NAME STREET ADDRESS 24 NEPTUNE DRIVE STREET ADDRESS MARY ESTHER, FL 32569 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition | BAKER, PAMELA NAME-NAME 7538 PITTSBURG STREET STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP TIT! F nν Defete TITLE Change ☐ Addition HANEY, ELIZABETH S NAME NAME 1806 CONNECTICUT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition ADCOCK, TRACEY NAME STREET ADDRESS 4405 PINE TREE LANE STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-ZIP ☐ Delete TITLE TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 with an address, with all other like empowered.

**FILED**