

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009905

FILED
Jan 06, 2005
Secretary of State

Entity Name: BARTOW CHARTER SCHOOL, INC.

Current Principal Place of Business:

1270 S BROADWAY
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1270 S BROADWAY
BARTOW, FL 33830

New Mailing Address:

FEI Number: 65-1182603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, ARTHUR A
4341 DAVID CRUM LANE
LAKELAND, FL 33813 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: D () Delete
Name: TEDDER, MICHAEL D
Address: 160 E HOOKER ST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: BOSTON, NADINE
Address: 2957 MORRIS DR
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: HINTON, BRIAN
Address: 2310 S KISSINGER AVE
City-St-Zip: BARTOW, FL 33830

Title: D (X) Delete
Name: LOPEZ, FRED
Address: 205 HIBRITEN WAY
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WATSON, GERALDINE
Address: 1750 GIBBONS ST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: MARTINEZ, ARTHUR A
Address: 4341 DAVID CRUM LANE
City-St-Zip: LAKELAND, FL 33813

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
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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 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: BRIAN HINTON

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date