2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 15, 2008 8:00 am Secretary of State 01-15-2008 90032 048 ****70.00

Principal Place of Business	1. Entity Name SOUTH T	ECH CHARTER ACADEMY	N. T. S.										
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Suit	1300 SW 301	TH AVE.	1300 SW 30TH AVE.	O SW 30TH AVE.		₫0003	314						
City & State Country Country Country S. Contribute to Status Desired State Desired State Required Stat	Principal Place of Business - No P.O. Box # 3. Mailing Address												
Type	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.			hg-NP CR2E03	7 (12/06)					
S. Certificate of Status Desired Will Fee Required F. Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent City FL Zip Code City City City FL Zip Code City City FL Zip Code City City City City FL Zip Code City Cit	City & State		City & State	y & State			20,000,400						
KIDD, JAMES R 1300 SW 30TH AVE BOYNTON BEACH, FL 33426 8. The above named entity submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Florida. Tam familiar with, and accept the deligations of registered agent. SIGNATURE FILING Foe Is \$61.25 Sub by May 1, 2008 9. Election Campaign Financing Trust Fund Controlled. Trust Fund Controlled. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE COB BUESHMAN, NORMAN A SIRELE HORIES SIRELE HO	Zíp [;]	<u> </u>	`				Fee Required						
SIGNATURE OBS SHARROR LAKE CIRCLE BOYNTON BEACH, FL 33435 OHY-ST-2P BOYNTON BEACH, FL 33426 Street Address (P O. Box Number is Not Acceptable) City C		6. Name and Address of Current R	egistered Agent		<u> </u>								
B. 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 non-boligations of registered agent. Signature, hold of priest name of registered agent and title if applicable. (MOTE Registered Agent signature required sheet agent and title if applicable. (MOTE Registered Agent signature required sheet required sheet agent and title if applicable. (MOTE Registered Agent signature required sheet required sheet agent and title if applicable. (MOTE Registered Agent signature required sheet required sheet agent and title if applicable. (MOTE Registered Agent signature required sheet agent agent and title if applicable. (MOTE Registered Agent signature required sheet, or both, in the State of Florida. I am familiar with, and accept agent age	1300 SW 30TH AVE				-								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Foe is \$61.25 Due by May 1, 2008 PILIE OFFICERS AND DIRECTORS TILE OSPICERS AND DIRECTORS TILE OSPICERS AND DIRECTORS TILE DEBUTY ON BEACH, FL 33437 TILE DEBUTY ON BEACH, FL 33437 TILE DEBUTY ON BEACH, FL 33435 TILE DEBUTY ON BEACH, FL 33435 TILE VC HOWELL, ROBERT SIREH ADORSS OITY-SI-2P Debte TILE VC Debte TILE NAME SIREH ADORSS OITY-SI-2P Debte TILE VC Debte TILE NAME SIREH ADORSS OITY-SI-2P DEBTE TADORSS OITY-SI-2P DEBTE TADORS					City F! Zip Code								
Filing Fee is \$61.25 Due by May 1, 2008 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE COB BLESHMAN, NORMAN A SMEET ADDRESS CITY-ST-2IP BOYNTON BEACH, FL 33437 TITLE PRINCE KIND, JAMES R SIREET ADDRESS CITY-ST-2IP BOYNTON BEACH, FL 33426 TITLE CITY-ST-2IP BOYNTON BEACH, FL 33426 TITLE CITY-ST-2IP BOYNTON BEACH, FL 33436 TITLE CITY-ST-2IP BOYNTON BEACH, FL 33435 TITLE CITY-ST-2IP BOYNTON BEACH, FL 33435 TITLE CITY-ST-2IP BOYNTON BEACH, FL 33435 TITLE CITY-ST-2IP CITY-ST-2IP BOYNTON BEACH, FL 33436 TITLE CITY-ST-2IP CIT	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												
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Filing Fee is \$61.25 9. Election Campaign F				ncing		Make check						
TITLE NAME BLESHMAN, NORMAN A STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SUBJECT	10		FCTORS	- 11	-			* 1	10				
TITLE NAME BROENING, GERALD BROENING, GERALD BROENING, GERALD BOYNTON BEACH, FL 33435 TITLE NAME KIDD, JAMES R 1300 S.W. 30TH AVE. BOYNTON BEACH, FL 33426 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition Addition Addition Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP TO CHANGE STREET ADDRESS CITY-ST-ZIP TO CHANGE ADDRESS CITY-ST-ZIP TO CHANGE ADDRESS CITY-ST-ZIP Addition AMAE STREET ADDRESS CITY-ST-ZIP TO CHANGE ADDRESS CITY-ST-ZIP TO CHANGE ADDRESS CITY-ST-ZIP ADDRE	TITLE NAME STREET ADDRESS	COB BLESHMAN, NORMAN A 9954 HARBOR LAKE CIRCLE		TITLE NAME STREET A	DORESS 903	iter Benne 4 SW 5	Y 84						
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NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP DELRAY BEACH, FL 33426	NAME STREET ADDRESS	KIDD, JAMES R 1300 S.W. 30TH AVE.	☐ Delete	name Street a				Change	Addition				
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NAME JOHNSON, MARGARET NAME STREET ADDRESS 2108 SW 14 PLACE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP	NAME STREET ADDRESS	LEWIS, CATHERINE 7329 SERRAMO TERRACE	☐ Delete	. Name Street a	NDDRESS		. <u></u>	Change	Addition -				
	NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, MARGARET 2108 SW 14 PLACE BOYNTON BEACH, FL 33426		NAME STREET A CITY-ST-	-ZIP		. ~	.e.					

Independent of the morrhalion supplied with this iming does not qualify for the exemptions contained in Chapter 119, moroa statutes. Further certify that the morrhalion indicated on this report or supplemental report is true and accurate and that my signature shalf 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 with an address, with all other like empowered.

SIGNATURE: Some Kidd	James	R. KiDO	President	1/10/08	561-369-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN	G OFFICER OR DIREC	CTOR	,	Date	Daytime Phone #