2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N03000007438

Entity Name: EDUCATIONAL CHARTER FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

2750 HARTWOOD MARSH ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

2750 HARTWOOD MARSH ROAD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 16-1720173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, CHRISTINE H MRS.
2750 HARTWOOD MARSH ROAD
CLERMONT, FL 34711 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:	CHPD	( ) Delete
Name:	WEIS, JAMES T	
Address:	10700 VERSAILLES BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	VCHD	( ) Delete
Name:	RHODES, STEPHANIE MS	
Address:	1731 NECTARINE TRAIL	
City-St-Zip:	CLERMONT, FL 34714	
Title:	SD	( ) Delete
Name:	ROSENBLUM, CHARLES MR	
Address:	10715 LAKE RALPH DRIVE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	TD	( ) Delete
Name:	STEWART, NANCY	
Address:	2750 HARTWOOD MARSH ROAD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	DYKSTAR, CRAIG A	
Address:	3678 PEACEFUL VALLEY DRIVE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	JONES, BRET	
Address:	700 ALMOND STREET	
City-St-Zip:	CLERMONT, FL 34711	

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
Name:	
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 exemption stated in Chapter 119, 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: CHRISTINE H WATSON PRIN 03/04/2009

Electronic Signature of Signing Officer or Director — Date