2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000440

FILED Jan 17, 2006 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CHARTER SCHOOLS, INC.

Current Principal Place of Business: New Principal Place of Business: 4180 NE 15TH STREET GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** 4180 NE 15TH STREET GAINESVILLE, FL 32607 FEI Number: 20-1744764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DRAKE, NEIL 3746 SW 2ND PLACE US GAINESVILLE, FL 32607 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/P () Delete () Change () Addition DRAKE, NEIL Name: Name: 3746 SW 2ND PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: D/Τ Title: D/T (X) Change () Addition () Delete DODGE, CHARLIE Name: LITINSKI, BARBARA Name: Address: 10100 PINE BLVD. Address: 710 S MAIN STREET City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: BELLE GLADE, FL 33430 Title: VP/S () Delete Title: () Change () Addition NELSON, JOANNE Name: Name: Address: 12012 BOYETTE ROAD Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: JACKSON, JESSE 3000 SCHOOL HOUSE ROAD Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32311 Title: () Delete Title: () Change (X) Addition FERGUSON, ANNE Name: Name: 1250-A REED CANAL ROAD Address: Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: () Change (X) Addition TUCKER, CAROL Name: Name: Address: Address: 1166 LEE ROAD ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL DRAKE P 01/17/2006