

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000000440**

1. Entity Name  
**FLORIDA ASSOCIATION OF CHARTER SCHOOLS, INC.**



Principal Place of Business  
**4180 NE 15TH STREET  
GAINESVILLE, FL 32607**

Mailing Address  
**4180 NE 15TH STREET  
GAINESVILLE, FL 32607**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1744764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DRAKE, NEIL  
3746 SW 2ND PLACE  
GAINESVILLE, FL 32607**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000583149  
01/11/07-80059-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DRAKE, NEIL 3746 SW 2ND PLACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T LITINSKI, BARBARA 710 S MAIN STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S NELSON, JOANNE 12012 BOYETTE ROAD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JESSE 3000 SCHOOL HOUSE ROAD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, ANNE 1250-A REED CANAL ROAD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, CAROL 1166 LEE ROAD ORLANDO, FL 32810

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-07 352 376 4014