

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001689

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: LEE CHARTER ACADEMY, INC.

**Current Principal Place of Business:**

154 NW MAGNOLIA LAKES BLVD.  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 881237  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 20-0767574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTZ, MARK H  
154 NW MAGNOLIA LAKES BLVD.  
PORT ST. LUCIE, FL 34986 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: P ( ) Delete  
Name: SHOEMAKER, VERONICA  
Address: 3637 DR. MARTIN LUTHER KING JR. BLVD  
City-St-Zip: FORT MYERS, FL 33916

Title: VP ( ) Delete  
Name: MILLER, TONY  
Address: 3637 DR. MARTIN LUTHER KING JR. BLVD  
City-St-Zip: FORT MYERS, FL 33916

Title: S ( ) Delete  
Name: ROBINSON, BEVERLY  
Address: 3637 DR. MARTIN LUTHER KING JR. BLVD  
City-St-Zip: FORT MYERS, FL 33916

**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:

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: VERONICA SHOEMAKER

P

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date