

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N04000001689

Entity Name: LEE CHARTER ACADEMY, INC.

Current Principal Place of Business:

3637 DR. MARTIN LUTHER KING JR., BLVD.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

7100 ARENAL LANE
CARLSBAD, CA 92009

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:

CONSUEGRA, JERRY
5232 26TH AVE. SOUTH
GULFPORT, FL 33707 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: DIR () Delete
Name: DOUGLAS, CLARENE
Address: 10100 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: DIR () Delete
Name: ROBINSON, BEVERLY
Address: 2356 BARDEN ST. APT. A
City-St-Zip: FORT MYERS, FL 33916

Title: DIR () Delete
Name: POWELL, CALETHA
Address: 2050 TIGER FLOWERS DRIVE
City-St-Zip: ATLANTA, GA 30314

Title: DIR () Delete
Name: LAKE, EDDIE REV
Address: 2754 ORANGE AVE.
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:

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Name:
Address:
City-St-Zip:

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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: VERONICA SHOEMAKER

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date