2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000010991

Entity Name: LAKE WALES CHARTER SCHOOLS FOUNDATION, INC.

Current Principal Place of Business:

151 E CENTRAL AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3309
LAKE WALES, FL 338593309 US

New Mailing Address:

FEI Number: 11-3735254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBSON, ROBIN
212 E STUART AVE
LAKE WALES, FL 33853 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: TC ( ) Delete
Name: GIBSON, ROBIN
Address: 212 E. STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: TVC ( ) Delete
Name: ULLMAN, DAVID
Address: 230 E TILLMAN AVE
City-St-Zip: LAKE WALES, FL 33853

Title: IT ( ) Delete
Name: FISHER, BRIAN A
Address: PO BOX 3309
City-St-Zip: LAKE WALES, FL 338593309

Title: TS ( ) Delete
Name: MEDDERS, SUE
Address: PO BOX 3309
City-St-Zip: LAKE WALES, FL 338593309

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:

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: SUE MEDDERS TS 01/16/2009

Electronic Signature of Signing Officer or Director — Date