

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007370

FILED
Feb 14, 2007
Secretary of State

Entity Name: CHAUTAUQUA CHARTER SCHOOL, INC.

Current Principal Place of Business:

301 N COVE BLVD
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

301 N COVE BLVD
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 86-1145087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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: MCCAULEY, CYNTHIA
Address: 301 N COVE BLVD
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BARR, JIMMY
Address: 310 BUNKERS COVE RD
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BARR, KEVIN
Address: 301 N COVE BLVD
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: ELLIS, JANICE
Address: 4009 E 10 ST
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DENECKE, MARILYNN
Address: 2638 STATE AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: GUTA, FREDDIE
Address: C/O RUDIE GUTA, 10620 HUTCHISON BLVD
City-St-Zip: PANAMA CITY BCH, FL 32407

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
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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: CYNTHIA MCCAULEY

P

02/14/2007

Electronic Signature of Signing Officer or Director

Date