2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N05000007370

Entity Name: CHAUTAUQUA CHARTER SCHOOL, INC.

Current Principal Place of Business:

1118 MAGNOLIA AVE
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: T ( ) Delete
Name: ZEMBROSKI, JAY
Address: 1118 MAGNOLIA AVE
City-St-Zip: PANAMA CITY, FL 32401

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

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

Title: D ( ) Delete
Name: SITTMAN, MARY
Address: 1118 MAGNOLIA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP ( ) Delete
Name: MARLER, JOY
Address: 1118 MAGNOLIA AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: WOODHOUSE, KATHY
Address: 2638 EAST 40TH PLAZA
City-St-Zip: PANAMA CITY, FL 32405

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:

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: KATHY WOODHOUSE S 02/16/2009

Electronic Signature of Signing Officer or Director — Date