

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011217

FILED  
Apr 05, 2006  
Secretary of State

**Entity Name:** FLORIDA COALITION OF VIRTUAL SCHOOL FAMILIES, INC.

**Current Principal Place of Business:**

200 WEST COLLEGE AVENUE, SUITE 311B  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

200 WEST COLLEGE AVENUE, SUITE 311B  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 20-3811418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COATES, RICHARD E  
200 WEST COLLEGE AVENUE, SUITE 311B  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: SWART, BERNADETTE  
Address: 1892 CRESTRIDGE DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: SPANGLER, ROB  
Address: 1125 27TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: CARTER, LESLIE  
Address: 5580 NW HIGHWAY 41  
City-St-Zip: JASPER, FL 32052

**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: BERNADETTE SWART

D

04/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date