

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001701

FILED
Apr 27, 2007
Secretary of State

Entity Name: CHARTER SCHOOL OF ARTS AND SCIENCES K-5, INC.

Current Principal Place of Business:

4746 B GREENTREE DRIVE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4746 B GREENTREE DRIVE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITALE, MICHAEL DR.
4746 B GREENTREE DRIVE
BOYNTON BEACH, FL 33436 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: VITALE, MICHAEL R
Address: 4746 B GREENTREE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: ROMANCE, NANCY R
Address: 916 SW 35 COURT
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: SCOTT, BARBARA J
Address: 25W035 KENSWICK LANE
City-St-Zip: NAPERVILLE, IL 60540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: VITALE, MICHAEL R
Address: 4746 B GREENTREE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

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: MICHAEL R. VITALE

DR.

04/27/2007

Electronic Signature of Signing Officer or Director

Date