2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000007218

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Entity Name: FLORIDA CHARTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1630 MEADOWOOD ST SARASOTA, FL 34231

Current Mailing Address: New Mailing Address:

1630 MEADOWOOD ST SARASOTA, FL 34231

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

THOMAS, DAVID 1630 MEADOWOOD ST SARASOTA, FL 34231 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: THOMAS, DAVID L MD, JD Name:

 Name:
 THOMAS, DAVID L MD, JD
 Name:

 Address:
 1630 MEADOWOOD ST
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 THOMAS, CHRISTINA L
 Name:
 KELLY, WILLIAM

 Address:
 1630 MEADOWOOD ST
 Address:
 2693 WHITEHURST RD

Address: 1630 MEADOWOOD ST Address: 2693 WHITEHURST RI
City-St-Zip: SARASOTA, FL 34231 City-St-Zip: DELAND, FL 32720

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MEISER, MARJORIE L
 Name:
 MAUS, TERRY

 Address:
 540 HOBART RD
 Address:
 119 N. GORDON DR

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:
 FT. LAUDERDALE, FL 33301

Title: D () Delete Title: D (X) Change () Addition
Name: GREENBERG, JACQUELINE A Name: GREENBERG-THOMAS, JACQUELINE A

 Address:
 2780 NE 183 ST #2106
 Address:
 2780 NE 183 ST #2106

 City-St-Zip:
 AVENTURA, FL 33160
 City-St-Zip:
 AVENTURA, FL 33160

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: DAVID L. THOMAS, MD JD P 08/06/2009