

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007297

FILED
Feb 06, 2008
Secretary of State

Entity Name: SHILOH CHARTER SCHOOLS, INC.

Current Principal Place of Business:

1104 W. CASON STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

4300 N. UNIVERSITY DRIVE
SUITE C 201
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-5153917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARTER SCHOOL ASSOCIATES, INC.
4300 N. UNIVERSITY DRIVE
SUITE C 201
SUNRISE, FL 33351 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: C () Delete
Name: JORDAN, MARK F
Address: 5415 SHAKESPEARE DRIVE
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: PALMER, JOANN
Address: 4607 BEAUCHAMP ROAD
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: LEINO, LYNN C
Address: 910 BRYAN CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: VITELLI, CHRISTOPHER
Address: 3521 SW 19TH AVENUE, NO. 2
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUZZA, MATTHEW
Address: 2704 DORENE DRIVE
City-St-Zip: PLANT CITY, FL 33563

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: MARK JORDAN

C

02/06/2008

Electronic Signature of Signing Officer or Director

Date