2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N07000002806

Entity Name: FLORIDA CONNECTIONS ACADEMY VIRTUAL SCHOOL, INC.

Current Principal Place of Business:

1707 ORLANDO CENTRAL PARKWAY
SUITE 150
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1707 ORLANDO CENTRAL PARKWAY
SUITE 150
ORLANDO, FL 32809

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MCKINLEY, WILL
Address: 106 E. COLLEGE AVENUE, SUITE 1100
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: BARBER, CRYSTAL
Address: 106 E. COLLEGE AVENUE, SUITE 1100
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: ALEXANDER, DEBORAH R
Address: 106 E. COLLEGE AVENUE, SUITE 1100
City-St-Zip: TALLAHASSEE, FL 32301

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 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: H. WOODWARD REP 05/06/2009

Electronic Signature of Signing Officer or Director — Date