

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009066

FILED  
Sep 30, 2009  
Secretary of State

Entity Name: SIGSBEE CHARTER SCHOOL, INC.

## Current Principal Place of Business:

939 FELTON ROAD  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

1028 B MITSCHER DRIVE  
KEY WEST, FL 33040

## New Mailing Address:

939 FELTON ROAD  
KEY WEST, FL 33040

FEI Number: 36-4647986      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

CRABBS, LESLIE  
1028B MITSCHER DRIVE  
KEY WEST, FL 33040      US

## Name and Address of New Registered Agent:

CRABBS, LESLIE  
1034 MITSCHER DRIVE  
KEY WEST, FL 33040      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: LESLIE A.W. CRABBS

09/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HIGGS, SANDRA  
Address: 80 KEY HAVEN RD  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: OLIVE, JAMES R  
Address: 1039 MITSCHER DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: CRABBS, LESLIE A  
Address: 1034 MITSCHER DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: LOWMAN, KIMBERLEIGH J  
Address: 1533-A BATFISH CT  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: AMBOS, DAVID F  
Address: 419 MIRIAM ST  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: HAGER, MICHELLE  
Address: 1204 B GILMORE DR  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: OLIVE, JAMES R  
Address: 1014 MITSCHER DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: P (X) Change ( ) Addition  
Name: CRABBS, LESLIE A  
Address: 1034 MITSCHER DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: WALSH, TOM  
Address: 1039 MITCHER DRIVE  
City-St-Zip: KEY WEST, FL 33040

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: LESLIE A.W. CRABBS

PRES

09/30/2009

Electronic Signature of Signing Officer or Director

Date