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FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001747 (4)
1. Corporation Name
ORANGE AVENUE CHARTER SCHOOL, INC.

Principal Place of Business 921 ORANGE AVENUE FORT PIERCE FL 34950	Mailing Address 921 ORANGE AVENUE FORT PIERCE FL 34950
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**INGRAM, JONATHAN REV.
921 ORANGE AVENUE
FORT PIERCE FL 34950**

3. Date Incorporated or Qualified 04/08/1994
4. FEI Number 65-0440395
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	INGRAM, JONATHAN
STREET ADDRESS	4700 JUANITA AVENUE
CITY-ST-ZIP	FORT PIERCE FL 34946
VD	WATSON, DONALD
STREET ADDRESS	1556 S.E. FACULTY DRIVE
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
SD	INGRAM, DONNA
STREET ADDRESS	1010 BERMUDA AVENUE
CITY-ST-ZIP	FORT PIERCE FL 34950
J	LUNA, JESUS
STREET ADDRESS	2815 S. 27TH STREET
CITY-ST-ZIP	FORT PIERCE FL 34950
D	TOWNSEND, JEANETTE
STREET ADDRESS	807 FRANCIS LANE
CITY-ST-ZIP	FORT PIERCE FL 34950
D	SANDIFER, CHARLES LT.
STREET ADDRESS	920 S. U.S. HIGHWAY 1
CITY-ST-ZIP	FORT PIERCE FL 34950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD
1.2 NAME	Katie Alston
1.3 STREET ADDRESS	1502 N. 23rd Street
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
2.1 TITLE	TD
2.2 NAME	Donnie Clark
2.3 STREET ADDRESS	912 N. 21st Street
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
3.1 TITLE	D
3.2 NAME	Ethel Byrd-Farr
3.3 STREET ADDRESS	103 Hilton Drive
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
4.1 TITLE	D
4.2 NAME	Ronnie Green
4.3 STREET ADDRESS	1604 N. 44th Street
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34947
5.1 TITLE	D
5.2 NAME	Cleon Middleton
5.3 STREET ADDRESS	1603 N. 14th Street
5.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)