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FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003194 (5)

1. Corporation Name

ESCAMBIA CHARTER SCHOOL, INC.



Principal Place of Business

Mailing Address

3300 N. PACE BLVD.  
SUITE 220  
PENSACOLA FL 32505

3300 N. PACE BLVD.  
SUITE 220  
PENSACOLA FL 32505

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

59-3381523

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOOMIS, GEORGE E  
201 EAST GOVERNMENT STREET  
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME BELL, REED  
STREET ADDRESS 6177 N. 9TH AVENUE  
CITY-ST-ZIP PENSACOLA FL 32504 ☒ DELETE

1.1 TITLE CD  
1.2 NAME ROBINSON, SHERMAN  
1.3 STREET ADDRESS 514 N. "I" STREET  
1.4 CITY-ST-ZIP PENSACOLA FL 32501 ☒ Change ☐ Addition

TITLE VCD  
NAME ROBINSON, SHERMAN  
STREET ADDRESS 215 WEST GARDEN STREET  
CITY-ST-ZIP PENSACOLA FL 32501 ☐ DELETE

2.1 TITLE TD  
2.2 NAME JOHNSON, NELSON  
2.3 STREET ADDRESS 1289 AIRPORT BLVD.  
2.4 CITY-ST-ZIP PENSACOLA, FL 32504 ☐ Change ☒ Addition

TITLE TD  
NAME HICKS, LARRY  
STREET ADDRESS 316 SOUTH BAYLEN ST., SUITE 250  
CITY-ST-ZIP PENSACOLA FL 32505 ☒ DELETE

3.1 TITLE SD  
3.2 NAME MOTT, ROGER  
3.3 STREET ADDRESS 7823 APOLLO DR  
3.4 CITY-ST-ZIP PENSACOLA, FL 32506 ☐ Change ☒ Addition

TITLE MD  
NAME BOGGS, JAMES W  
STREET ADDRESS 3300 N. PACE BLVD., SUITE 220  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME BOGGS, JAMES W  
STREET ADDRESS 3300 N. PACE BLVD., SUITE 220  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Amey Spence*

1-22-98

1-850-9370050

CR2E037 (10/97)