


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90077 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000003194</b>			
1. Corporation Name <b>ESCAMBIA CHARTER SCHOOL, INC.</b>			
Principal Place of Business 3300 N. PACE BLVD. SUITE 220 PENSACOLA FL 32505		Mailing Address 3300 N. PACE BLVD. SUITE 220 PENSACOLA FL 32505	



2. Principal Place of Business 21 <b>391 90th 9 RANCH RD</b> Suite, Apt. #, etc. 22 <b>CANTONMENT FL</b> City & State 23 <b>32533</b> Zip Country 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>P.O. Box 1147</b> City & State 28 <b>GONZALEZ, FL</b> Zip Country 29 <b>32560-1147</b> 30 Country		3. Date Incorporated or Qualified <b>06/14/1996</b>	
		4. FEI Number <b>59-3381523</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent  <b>LOOMIS, GEORGE E</b> <b>201 EAST GOVERNMENT STREET</b> <b>PENSACOLA FL 32501</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, SHERMAN			1.2 NAME	LARRY K. HICKS		
STREET ADDRESS	514 N "I" ST			1.3 STREET ADDRESS	316 BAYLEN ST., SUITE 250		
CITY-ST-ZIP	PENSACOLA FL 32501			1.4 CITY-ST-ZIP	PENSACOLA, FL 32501		
TITLE	VCD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, SHERMAN			2.2 NAME	COL. ROBERT N. MORRISON		
STREET ADDRESS	215 WEST GARDEN STREET			2.3 STREET ADDRESS	1461 ROLLING OAKS DRIVE		
CITY-ST-ZIP	PENSACOLA FL 32501			2.4 CITY-ST-ZIP	MOLINO, FL 32577		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, NELSON			3.2 NAME	ROGER HUFFMAN		
STREET ADDRESS	1289 AIRPORT BLVD			3.3 STREET ADDRESS	180 N. PALAFOX STREET		
CITY-ST-ZIP	PENSACOLA FL 32504			3.4 CITY-ST-ZIP	PENSACOLA, FL 32501		
TITLE	MD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOGGS, JAMES W			4.2 NAME	TULLY KILLAM		
STREET ADDRESS	3300 N. PACE BLVD., SUITE 220			4.3 STREET ADDRESS	3406 CHANTARENE RD		
CITY-ST-ZIP	PENSACOLA FL 32505			4.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOGGS, JAMES W			5.2 NAME	STAN CALLENDER		
STREET ADDRESS	3300 N. PACE BLVD., SUITE 220			5.3 STREET ADDRESS	P.O. Box 1147		
CITY-ST-ZIP	PENSACOLA FL 32505			5.4 CITY-ST-ZIP	GONZALEZ, FL 32560		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOTT, ROGER			6.2 NAME	STAN CALLENDER		
STREET ADDRESS	7823 APOLLO DR			6.3 STREET ADDRESS	P.O. Box 1147		
CITY-ST-ZIP	PENSACOLA FL 32506			6.4 CITY-ST-ZIP	GONZALEZ, FL 32560		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUESTED 1/12/99 (BSD) 937-0500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #