

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003194

FILED
Feb 04, 2009
Secretary of State

Entity Name: ESCAMBIA CHARTER SCHOOL, INC.

Current Principal Place of Business:

391 90&9 RANCH RD.
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1147
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 59-3381523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHISOLM, JEROME
391 90 & 9 RANCH RD
CANTONMENT, FL 32533 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: CD () Delete
Name: SMITH, JACQUELYN
Address: 10333 EDENDALE LANE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: MITCHELL, GENE
Address: 501 COMMENDENCIA STREET, STE 2
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: MILLER, TONY
Address: 1342 N. BLUE ANGEL PARKWAY
City-St-Zip: PENSACOLA, FL 32506

Title: PM () Delete
Name: CHISOLM, JEROME
Address: 391 90 & 9 RANCH RD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: KLEMM, CHRISTY
Address: 1235 STERLING POINT PLACE
City-St-Zip: GULF BREEZE, FL 32563

Title: STD () Delete
Name: HASTY, CINDY
Address: 5292 CRYSTAL CREEK DR
City-St-Zip: PACE, FL 32571

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:

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

Title: D (X) Change () Addition
Name: MANDERSON, CHRISTY
Address: 1235 STERLING POINT PLACE
City-St-Zip: GULF BREEZE, FL 32563

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: JEROME CHISOLM

PRIN

02/04/2009

Electronic Signature of Signing Officer or Director

Date