

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # N96000003453 (5)

1. Corporation Name

FLORIDA CHARTER SCHOOLS, INC.



Principal Place of Business

Mailing Address

1092 MANIGAN AVENUE
OVIEDO FL 32765

P.O. BOX 196638
WINTER SPRINGS FL 32719-6638

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 500 E. Altamonte Dr

22 Suite 210

23 Altamonte Spgs, FL

24 32701

2a. Mailing Address

25 500 E. Altamonte Dr

27 Suite 210

28 Altamonte Spgs, FL

29 32701

v. Name and Address of Current Registered Agent

MCCAMMON, DON
1092 MANIGAN AVENUE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name Thomas E. Doss, III
82 Street Address (P.O. Box Number is Not Acceptable) 500 E. Altamonte Dr
83 Suite 210
84 City Altamonte Springs, FL
85 Zip Code 32701

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)

9/16/97
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCCAMMON, DON
STREET ADDRESS 1092 MANIGAN AVENUE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D
NAME ALLEN, JOHN D
STREET ADDRESS 2965 W.S.R. 434 STE 100
CITY-ST-ZIP LONGWOOD FL 32779-4415

TITLE D
NAME CROSS, ART
STREET ADDRESS 416 E AMELIA STREET
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JESSICA POISON
STREET ADDRESS 2965 W.S.R. 434 #100
CITY-ST-ZIP LONGWOOD, FL. 32779-4415

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIR - PRES
1.2 NAME CHARLES ENGLISH
1.3 STREET ADDRESS 1850 LEE ROAD #324
1.4 CITY-ST-ZIP WINTER PARK, FL. 32789

2.1 TITLE DIR - V. Pres
2.2 NAME Thomas E. Doss, III
2.3 STREET ADDRESS 500 E. Altamonte Dr Ste 210
2.4 CITY-ST-ZIP Altamonte Springs, FL 32701

3.1 TITLE DIR - SECRETARY
3.2 NAME JEAN WHITE
3.3 STREET ADDRESS 49 ARLAYNA Woods Blvd #176
3.4 CITY-ST-ZIP OVIEDO, FL. 32765

4.1 TITLE DIR
4.2 NAME ALANDERSON
4.3 STREET ADDRESS 103 BLACKHAWK CT
4.4 CITY-ST-ZIP WINTER SPRINGS, FL. 32708

5.1 TITLE DIR
5.2 NAME BOB MUNI
5.3 STREET ADDRESS 4411 N.W. 19th AVE
5.4 CITY-ST-ZIP GAINESVILLE, FL. 32605

6.1 TITLE DIR
6.2 NAME J. STANLEY MARSHALL
6.3 STREET ADDRESS 2017 DELTA BLVD #102
6.4 CITY-ST-ZIP TALLAHASSEE, FL. 32317

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Thomas E. Doss, III

CR2E037 (4/97)