


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 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 # N97000000651 (6)
1. Corporation Name
THE FRANK SGANGA CHARTER SCHOOL, INC.



Principal Place of Business 2510 SUNSET DRIVE NEW SMYRNA BEACH FL 32168	Mailing Address 2510 SUNSET DRIVE NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified
02/03/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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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

**SGANGA, FRANK
2510 SUNSET DRIVE
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SGANGA, FRANK 2510 SUNSET DRIVE NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ROBERT 802 W INDIAN RIVER BLVD. EDGEWATER FL 32132	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMP, LILLIAN 5205 SO ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	C Giovannoni, John 3059-B LOUVINA DRIVE Tallahassee, FL 32311-8719
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Adewumi, Adewale 2 Belvedere LANE PALM COAST, FL 32137
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D GEBELIN, CHARLES DR. 1730 Umbrella Tree Drive Edgewater, FL 32132
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D CORWIN, James Whitney 2015 Halifax Drive Ormond Beach, FL 32176
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D ALTHAFOR, Richard Glenn 1776 BAYVIEW ROAD NEW SMYRNA Bch, FL 32168
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D HAWLER, Susan 1500 MAGNOLIA ST New Smyrna Bch, FL 32168

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, as on an attachment with an address.

SIGNATURE: Frank Sganga 4/23/98 904-428-5817

CFR2037 (10/97)