

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003106

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000651			
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/03/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3513141
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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	DCAO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SGANGA, FRANK	1.2 NAME	
STREET ADDRESS	2510 SUNSET DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ROBERT G	2.2 NAME	
STREET ADDRESS	802 W INDIAN RIVER BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMP, LILLIAN	3.2 NAME	
STREET ADDRESS	5205 SO ATLANTIC AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	3.4 CITY-ST-ZIP	
TITLE	CFO DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVANNONI, JOHN	4.2 NAME	
STREET ADDRESS	5039-B LOUVINA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBELEIN, CHARLES D	5.2 NAME	
STREET ADDRESS	1730 UMBRELLA TREE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWIN, JAMES W	6.2 NAME	
STREET ADDRESS	2015 HALIFAX DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	6.4 CITY-ST-ZIP	

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: John M.S. Anis 2/4/99 904 928-9584
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

Addendum to Florida Annual Non-Profit Annual Report

The purpose is to provide you with legible information.

The Frank Sganga Charter School, Inc. Document # N97000000651

2. Principal Place of Business

21] 310-B Douglas Street

22]

23] New Smyrna Beach, Florida 24] 32168 25] USA

2a. Mailing Address

26] Post Office Box 658

27]

28] Edgewater, Florida 29] 32132-0658 30] USA

4. Federal Employer ID Num: 59-3513141

12.

Sganga, Frank	D CAO	(Director and Chief Academic Officer)
Howard, Robert G.	D V	(Director and Vice-Chairman)
Bump, Lillian	D	(Director)
Giovannoni, John M. S.	D C CFO	(Director, Chairman & Chief Financial Officer)
Gebelein, Charles D.	D	(Director)
Corwin, James W.	D S	(Director and Secretary)
Adewumi, Adewale 2 Belvedere Lane Palm Coast, Florida 32132	D DCAO	(Director and Deputy Chief Academic Officer) [X] Addition
Althafer, Glenn R. Post Office Box 252 New Smyrna Beach, Florida 32170- 0252	D	(Director) [X] Addition
Poling, Donna J. Post Office Box 778 Edgewater, Florida 32132-0778	DCFO	(Deputy CFO NOT a director) [X] addition

This information is correct to my best knowledge and belief as of 04 February

1999, John M. Giovannoni, Charman & CFO 02/04/1999
 John M. Giovannoni, Charman & CFO Date