

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

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DOCUMENT # N97000000651

1. Entity Name

THE FRANK SGANGA CHARTER SCHOOL, INC.

00 MAR 31 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

310-B DOUGLAS STREET
NEW SMYRNA BEACH FL 32168

310-B DOUGLAS STREET
NEW SMYRNA BEACH FL 32168-7102

2. Principal Place of Business

3. Mailing Address

P.O. Box 778

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Edgewater, Florida

4. FEI Number

59-3513141

Applied For

Not Applicable

Zip

Country

Zip

Country

32132-0778 Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SGANGA, FRANK
2510 SUNSET DRIVE
NEW SMYRNA BEACH FL 32168

Name Robert G. Howard

Street Address (P.O. Box Number is Not Acceptable)

602 West Indian River Blvd

City Edgewater,

FL

Zip Code 32132

8. 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 Robert G. Howard

Robert G. Howard

03.17.2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DCAO
NAME SGANGA, FRANK Delete
STREET ADDRESS 2510 SUNSET DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE Director, Chief Academic Change Addition
NAME OFFICER
STREET ADDRESS
CITY-ST-ZIP

TITLE DV Delete
NAME HOWARD, ROBERT G
STREET ADDRESS 602 W INDIAN RIVER BLVD.
CITY-ST-ZIP EDGEWATER FL 32132

TITLE Director, Vice-Chairman Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME BUMP, LILLIAN
STREET ADDRESS 5205 SO ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003195611--2
-04/04/00--01084--022
*****70.00 *****70.00

TITLE DCFO Delete
NAME GIOVANNONI, JOHN MS
STREET ADDRESS 5039-B LOUVINA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE Director, Chairman Change Addition
NAME Chief Financial officer
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME GEBELEIN, CHARLES A. G.
STREET ADDRESS 1730 UMBRELLA TREE DRIVE
CITY-ST-ZIP EDGEWATER FL 32132

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS Delete
NAME CORWIN, JAMES W
STREET ADDRESS 2015 HALIFAX DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE Director, Secretary Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James W. Corwin, CEO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

330, 2000 (907) 428-9584
1850) 468-5730
Date Daytime Phone #

CR2E037 (9/99)

Addendum to Year 2000 Uniform Business Report
The Frank Sganga Charter School, Inc.

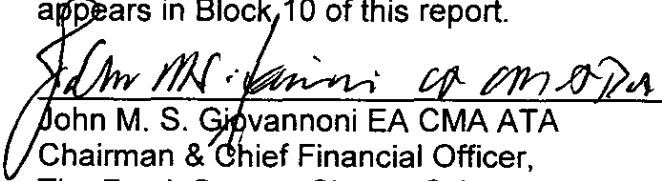
Additional directors and officers - line 10

Adewumi, Adewale DdCOO Director, Deputy Chief Operating Officer
Post Office Box School Principal

Althafer, Glenn Richard Director
Post Office Box 252
New Smyrna Beach, Florida 32170-0252

Poling, Donna J. DFCO Deputy Chief Financial Officer
Post Office Box 778 not a member of the board of directors
Edgewater, Florida 32132-0778

I certify hereby the the information contained in and on this report and this addendum are true, correct and complete to the my best knowledge and belief and that my signature shall have the same legal effect as if made under oath or oaffirmation, that I am the Chairman of the Board of Directors, Chairman of the Executive Committee, a member of the board of directors and Chief Financial Officer, and that I am empowered to execute this reportas required by Chapter 617, Florida Statutes, and that myname appears in Block, 10 of this report.

 03.30.2000 (904) 428-9584
John M. S. Giovannoni EA CMA ATA (850) 668-5330
Chairman & Chief Financial Officer,
The Frank Sganga Charter School, Inc.