

FILE NOW: FILING FEE IS \$61.25

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Oct 15 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 # **N97000001549 (1)**

1. Corporation Name

THE CHANCE CHARTER SCHOOL PROJECT, INC.



Principal Place of Business 5751 NW 7TH AVE GAINESVILLE, FL 32607-2107 <i>14210 NW 14th Ter</i> <i>Alachua 71 32616</i>	Mailing Address 5751 NW 7TH AVE GAINESVILLE, FL 32607-2107 <i>PO Box 579</i> <i>Alachua 71 32616</i>
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3. Date Incorporated or Qualified 03/17/1997	Applied For ☐ Not Applicable
4. FEI Number 59 344 7975	

2. Principal Place of Business 21 14210 NW 14th Ter Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 579 Suite, Apt. #, etc.
22	27
23 City & State Alachua 71	28 City & State Alachua 71
24 Zip 32616	29 Zip 32616
25 Country USA	30 Country USA

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 GARRETT, JACKQUELYN L 5751 NW 7TH AVE GAINESVILLE FL 32607-2107	
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10. Name and Address of New Registered Agent	
81 Name Samuel Mutch	
82 Street Address (P.O. Box Number is Not Acceptable) 2140 NW 43rd St	
83 Suite Suite 100	
84 City Gainesville	85 Zip Code FL 32607

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 Samuel Mutch, School Attorney DATE 7-14-98

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	GARRETT, JACKQUELYN L (D)
STREET ADDRESS	5751 NW 7TH AVE
CITY-ST-ZIP	GAINESVILLE FL 32607-2107
TITLE	☒ DELETE
NAME	VAUGHN, DIANNA T
STREET ADDRESS	RT 1 BOX 487
CITY-ST-ZIP	BROOKER FL 32622
TITLE	☐ DELETE
NAME	LANE, RUSSELL E (D)
STREET ADDRESS	3301 SW ARCHER RD #11C
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	☒ DELETE
NAME	Cynthia Chesnut
STREET ADDRESS	101 SE 2nd Pl.
CITY-ST-ZIP	Gainesville 71 32601
TITLE	☒ DELETE
NAME	Elizabeth Lowe McCoy
STREET ADDRESS	6931 NW 18th Ave
CITY-ST-ZIP	Gainesville 71 32605
TITLE	☒ DELETE
NAME	Dr Elias Sankis
STREET ADDRESS	529 NW 60th St
CITY-ST-ZIP	Gainesville 71 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ Change ☒ Addition
1.1 TITLE	Cynthia Chesnut
1.2 NAME	101 SE 2nd Pl
1.3 STREET ADDRESS	Suite 108
1.4 CITY-ST-ZIP	Gainesville 71 32601 (D)
2.1 TITLE	Elizabeth Lowe McCoy Change ☒ Addition
2.2 NAME	6931 NW 18th Ave
2.3 STREET ADDRESS	Gainesville 71 32605 (D)
2.4 CITY-ST-ZIP	
3.1 TITLE	Dr Elias Sankis Change ☐ Addition
3.2 NAME	529 NW 60th St
3.3 STREET ADDRESS	Gainesville 71 32607 (D)
3.4 CITY-ST-ZIP	
4.1 TITLE	Joe Furtado Change ☐ Addition
4.2 NAME	PO Box 21114722 (D) 142 TER
4.3 STREET ADDRESS	Alachua 71 32616
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Jackquelyn Garrett 7-14-98 904 402 1215

CR2E037 (10/97)