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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001549

1. Corporation Name
THE CHANCE CHARTER SCHOOL PROJECT, INC.

Principal Place of Business
 14210 N.W. 146TH TERRACE
 ALACHUA FL 32616
 US

Mailing Address
 P.O. BOX 579
 ALACHUA FL 32616
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3447975	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
MUTCH, SAMUEL 2190 N.W. 43RD STREET SUITE 100 GAINESVILLE FL 32607-2107				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRETT, JACKQUELYN L	1.2 NAME	Kuhn, Leslie
STREET ADDRESS	5751 NW 7TH AVE	1.3 STREET ADDRESS	4317 NW 76th Terr
CITY-ST-ZIP	GAINESVILLE FL 32607-2107	1.4 CITY-ST-ZIP	Gainesville Fl. 32606
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESNUT, CYNTHIA	2.2 NAME	Zeisner Willene
STREET ADDRESS	101 S.E. 2ND PLACE, SUITE 108	2.3 STREET ADDRESS	5426 SW 78th Len
CITY-ST-ZIP	GAINESVILLE FL 32601	2.4 CITY-ST-ZIP	Gainesville Fl 32608
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, RUSSELL E	3.2 NAME	Lane, Russell
STREET ADDRESS	3301 SW ARCHER RD #11C	3.3 STREET ADDRESS	3301 SW Archer Rd #11C
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	Gainesville Fl 32608
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, ELIZABETH L.	4.2 NAME	Larsen, Kurt
STREET ADDRESS	6931 N.W. 18TH AVE.	4.3 STREET ADDRESS	6920 NW 18th Ave
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	Gainesville Fl 32605
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARKIS, DR. ELIAS	5.2 NAME	Evans, Sue
STREET ADDRESS	529 N.W. 60TH STREET	5.3 STREET ADDRESS	22304 NE 35th Ave
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	Melrose, Fl. 32666
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURTADO, JOE	6.2 NAME	
STREET ADDRESS	14722 N.W. 142ND TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32616	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: *Jack Garrett* SIGNATURE REQUIRED: *Garrett* Date: *3.8.99* Daytime Phone #: *904-4421215*

CR2E037 (11/98)