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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

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D GARRETT, JACKQUELYN L**
STREET ADDRESS **5751 NW 7TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32607-2107**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Kuhn, Leslie**
1.3 STREET ADDRESS **4317 NW 76th Terr**
1.4 CITY-ST-ZIP **Gainesville FL 32606**

TITLE ☒ DELETE
NAME **D CHESNUT, CYNTHIA**
STREET ADDRESS **101 S.E. 2ND PLACE, SUITE 108**
CITY-ST-ZIP **GAINESVILLE FL 32601**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Zeisner Willene**
2.3 STREET ADDRESS **5426 SW 78th Ter**
2.4 CITY-ST-ZIP **Gainesville FL 32608**

TITLE ☐ DELETE
NAME **D LANE, RUSSELL E**
STREET ADDRESS **3301 SW ARCHER RD #11C**
CITY-ST-ZIP **GAINESVILLE FL 32608**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Lane, Russell**
3.3 STREET ADDRESS **3301 SW Archer Rd #11C**
3.4 CITY-ST-ZIP **Gainesville FL 32608**

TITLE ☐ DELETE
NAME **D MCCOY, ELIZABETH L.**
STREET ADDRESS **6931 N.W. 18TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32605**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Larsen, Kurt**
4.3 STREET ADDRESS **6920 NW 18th Ave**
4.4 CITY-ST-ZIP **Gainesville FL 32605**

TITLE ☐ DELETE
NAME **D SARKIS, DR. ELIAS**
STREET ADDRESS **529 N.W. 60TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32607**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Evans, Sue**
5.3 STREET ADDRESS **22304 NE 35th Ave**
5.4 CITY-ST-ZIP **Melrose, FL 32666**

TITLE ☒ DELETE
NAME **D FURTADO, JOE**
STREET ADDRESS **14722 N.W. 142ND TERRACE**
CITY-ST-ZIP **ALACHUA FL 32616**

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, with all other like empowered.

SIGNATURE: *Jackquelyn L. Garrett* **SIGNATURE REQUIRED** *Garrett* 3.8.99 4621215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)