2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006979

Entity Name: EDVENTURE CHARTER SCHOOL INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	COAST AVENU O, FL 33462	JE			
Current Mailing Address:			New Maili	New Mailing Address:	
	COAST AVENU O, FL 33462	JE			
FEI Number:	65-0802918	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
115 EAST (O, ANGELO V COAST AVENU O, FL 33462				
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			t	Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ()[HUMMEL, DAVID 9136 COVE POIN BOYNTON BEAC	IT CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () [LANDY, PATRICI 6261 WINDCHIM BOYNTON BEAC	E PL	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition VERNIS, G. JEFFREY 928 MILLCREEK DRIVE PALM BEACH GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	SD () E GOODMAN, ROE 7554 CHARING O DELRAY BEACH	CROSS LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ()[SQUATRITO, AN 171 SPYGLASS JUPITER, FL 33	LANE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition EVERHART, CANDICE 825 CENTER STREET, # 4-C JUPITER, FL 33458	
Title: Name: Address: City-St-Zip:	D () I TEPSIC, PAM 3300 FOREST H WEST PALM BE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition TEPSIC, PAM 3378 FOREST HILL BLVD., A-203 WEST PALM BEACH, FL 33406	
Title: Name: Address: City-St-Zip:	D ()[COHEN, DOLLY 9132 COVE POIN BOYNTON BEAC		Title: Name: Address: City-St-Zip:	D (X) Change () Addition COHAN, DOLLY 9132 COVE POINT CIRCLE BOYNTON BEACH, FL 33437	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GOODMAN SD 04/01/2009