


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90044 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001877					
1. Corporation Name DEVON CHARTER SCHOOL, INC.					
Principal Place of Business % DEVEREUX FOUNDATION, 5850 T.G. LEE BLVD. STE. 400 ORLANDO FL 32822			Mailing Address % DEVEREUX FOUNDATION, 5850 T.G. LEE BLVD. STE. 400 ORLANDO FL 32822		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/30/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3507032	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				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			
DERISO, ELAINE BARON % DEVEREUX FOUNDATION, 5850 T.G. LEE BLVD. STE. 400 ORLANDO FL 32822				81 Name Michael C. Becker 82 Street Address (P.O. Box Number is Not Acceptable) 5850 T.G. Lee Boulevard 83 Suite 400 84 City Orlando FL 85 Zip Code 32822			

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 *Michael C. Becker* DATE **5/3/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Ronald P. Burd
STREET ADDRESS		1.3 STREET ADDRESS	444 Devereux Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Villanova, PA 19085
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President, Resource Development <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Susan E. Kelley
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 3028
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Walter J. Grono
STREET ADDRESS		3.3 STREET ADDRESS	444 Devereux Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Villanova, PA 19085
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mary Hartsfield
STREET ADDRESS		4.3 STREET ADDRESS	2328 Harry T. Moore Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Mims, FL 32854
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Michael C. Becker
STREET ADDRESS		5.3 STREET ADDRESS	5850 T.G. Lee Blvd. Suite 400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Sun Trust N.A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Walt Ramsey
STREET ADDRESS		6.3 STREET ADDRESS	200 South Orange Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32801

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: *Michael C. Becker* RECORDED *C Becker* 4/13/99 407824555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)