2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000002266

Entity Name: LAKE EOLA CHARTER SCHOOL, INC.

Current Principal Place of Business:

135 NORTH MAGNOLIA AVENUE
ORLANDO, FL 328012328 US

New Principal Place of Business:

Current Mailing Address:

135 NORTH MAGNOLIA AVENUE
ORLANDO, FL 328012328 US

New Mailing Address:

FEI Number: 59-3506369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREDERICK, CHARLES
605 E. ROBINSON ST.
#420
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FREDERICK, CHARLES	
Address:	605 E ROBINSON ST #420	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	VD	( ) Delete
Name:	DAVIS, JENIFER	
Address:	435 N. ORANGE AVE.	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	TD	( ) Delete
Name:	EARLY, LISA	
Address:	923 GOLFVIEW STREET	
City-St-Zip:	ORLANDO, FL 32804 US	
Title:	SD	( ) Delete
Name:	JOHNSON, TIMOTHY	
Address:	2757 BOLTON BEND	
City-St-Zip:	ORLANDO, FL 32817 US	
Title:	D	( ) Delete
Name:	DENOIA, VERONICA	
Address:	135 N. MAGNOLIA AVE.	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	D	( ) Delete
Name:	CLARKE, PETER	
Address:	2100 E. MICHIGAN ST.	
City-St-Zip:	ORLANDO, FL 32806 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SHARON MORELL AD 04/30/2009

Electronic Signature of Signing Officer or Director — Date