

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005448

FILED
Mar 20, 2009
Secretary of State

Entity Name: WHISPERING WINDS CHARTER SCHOOL PROJECT, INC.

Current Principal Place of Business:

12390 NW OLD FANNIN RD.
CHIEFLAND, FL 32626

New Principal Place of Business:

2480 NW OLD FANNIN RD.
CHIEFLAND, FL 32626

Current Mailing Address:

12390 NW OLD FANNIN RD.
CHIEFLAND, FL 32626

New Mailing Address:

2480 NW OLD FANNIN RD.
CHIEFLAND, FL 32626

FEI Number: 59-3572902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELL, JOY S
1180 SE 768TH STREET
OLD TOWN, FL 32680 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: D () Delete
Name: CARLSON, PAUL
Address: 8450 NW 141ST STREET
City-St-Zip: TRENTON, FL 32693

Title: S () Delete
Name: JORDAN, ANGELA
Address: 5250 NW 37TH PLACE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: REIMER, LISA
Address: 1251 NW CR 345
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: BAILEY, KIM
Address: 9290 NW 125TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: JOHNSON, DARLENE
Address: 12391 NW 90 TH AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: ROSS, RUTHANN
Address: 15651 NW 2ND STREET
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LOCKE, BARBARA
Address: 5251 NW 137TH LANE
City-St-Zip: CHIEFLAND, FL 32626

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: JOY S. CORNELL

DR.

03/20/2009

Electronic Signature of Signing Officer or Director

Date