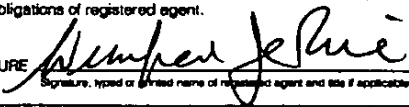


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-05-2006 90154 013 ****61.25

DOCUMENT # N98000005796					
1. Entity Name WAKULLA'S CHARTER SCHOOL OF ARTS, SCIENCE AND TECHNOLOGY, INC.					
Principal Place of Business 48 SHELL ISLAND RD. ST MARKS, FL 32355			Mailing Address P.O. BOX 338 ST. MARKS, FL 32355		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3574704	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKINS-RICE, WINIFRED 61 GREENOUGH RD. SOPCHOPPY, FL 32358				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4-27-06	
Filing Fee is \$81.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CARTER, ANDREA		NAME	HALBERT, KARL	
STREET ADDRESS	77 FRANK JONES		STREET ADDRESS	PO BOX 432	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	ST. MARKS, FL 32355	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, MORRIS		NAME		
STREET ADDRESS	3797 BLOXHAM CUTOFF RD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JENKINS-RICE, WINIFRED		NAME		
STREET ADDRESS	61 GREENOUGH RD.		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 32358		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TURKNETT, SUEZAN		NAME		
STREET ADDRESS	4 EAST BUCKHORN TR. AUCILLA SHORES		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 32331		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCQUAT, DAVID DR.		NAME		
STREET ADDRESS	87 MILLS GREEN CANYON		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 				DATE 4-27-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

bb013010



04242006 Chg-NP CR2ED37 (11/05)