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	Mailing Address
48 SHELL ISLAND RD. ST MARKS, FL 32355	P.O. BOX 338 ST. MARKS, FL 32355

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04242006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
JENKINS-RICE, WINIFRED 61 GREENOUGH RD. SOPCHOPPY, FL 32358	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 [signature] 4-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, ANDREA 77 FRANK JONES CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALBERT, KARL PO BOX 432 ST. MARKS, FL 32355	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MORRIS 3797 BLOXHAM CUTOFF RD CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS-RICE, WINIFRED 61 GREENOUGH RD. SOPCHOPPY, FL 32358	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURKNETT, SUEZAN 4 EAST BUCKHORN TR. AUCILLA SHORES GREENVILLE, FL 32331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCQUAT, DAVID DR. 87 MILLS GREEN CANYON CRAWFORDVILLE, FL 32326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #