

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**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**



02072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CARTER, ANDREA
STREET ADDRESS	77 FRANK JONES
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	HALBERT, KARL
STREET ADDRESS	P.O. BOX 432
CITY - ST - ZIP	SAINT MARKS, FL 32355
TITLE	D
NAME	JENKINS-RICE, WINIFRED
STREET ADDRESS	61 GREENOUGH RD.
CITY - ST - ZIP	SOPCHOPPY, FL 32358
TITLE	D
NAME	TURKNETT, SUEZAN
STREET ADDRESS	4 EAST BUCKHORN TR. AUCILLA SHORES
CITY - ST - ZIP	GREENVILLE, FL 32331
TITLE	D
NAME	MCQUAT, DAVID DR.
STREET ADDRESS	87 MILLS GREEN CANYON
CITY - ST - ZIP	CRAWFORDVILLE, FL 32326
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000757902  
05/23/07-80092-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Susan Flournoy* **Susan Flournoy Principal** 4-27-07 850-925-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #