

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005796

FILED
Mar 02, 2009
Secretary of State

Entity Name: WAKULLA'S CHARTER SCHOOL OF ARTS, SCIENCE AND TECHNOLOGY, INC.

Current Principal Place of Business:

48 SHELL ISLAND RD.
ST MARKS, FL 32355

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 338
ST. MARKS, FL 32355

New Mailing Address:

FEI Number: 59-3574704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS-RICE, WINIFRED
61 GREENOUGH RD.
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

FLOURNOY, SUSAN
141 COUNTRY CLUB DR
CRAWFORDVILLE, FL 32327 US

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: SUSAN FLOURNOY

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: HALBERT, KARL
Address: P.O. BOX 432
City-St-Zip: SAINT MARKS, FL 32355

Title: D () Delete
Name: JENKINS-RICE, WINIFRED
Address: 61 GREENOUGH RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: D () Delete
Name: TURKNETT, SUEZAN
Address: 4 EAST BUCKHORN TR. AUCILLA SHORES
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: MCQUAT, DAVID DR.
Address: 87 MILLS GREEN CANYON
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: P (X) Delete
Name: BROWN, KC
Address: 3243 ACALALN
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: JENKINS-RICE, WINIFRED
Address: 61 GREENOUGH RD.
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D (X) Change () Addition
Name: CANTNER, MICKEY
Address: P.O. BOX 355
City-St-Zip: ST. MARKS, FL 32355 US

Title: CHR (X) Change () Addition
Name: MCOUAT, DAVID DR.
Address: 7005 AZUSA RD
City-St-Zip: TALLAHASSEE, FL 32317 US

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: DR. DAVID MCOUAT

CHR

03/02/2009

Electronic Signature of Signing Officer or Director

Date