

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005796

FILED
Aug 22, 2011
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:

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

Name and Address of New Registered Agent:

HIGGINS, ALYSSA
600 WOODVILLE HWY.
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: ALYSSA HIGGINS

08/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: ODOM, RITA
Address: 60 WILDCAT ALLEY
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D
Name: NICHOLS, JOHN
Address: 2 QUAIL RUN
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby 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 all other like empowered.

SIGNATURE: ALYSSA HIGGINS

PRIN

08/22/2011

Electronic Signature of Signing Officer or Director

Date