

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006908

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: FOUR CORNERS CHARTER SCHOOL, INC.

**Current Principal Place of Business:**

817 BILL BECK BOULEVARD  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SDOC FINANCE DEPT  
817 BILL BECK BLVD  
KISSIMMEE, FL 347444495 US

**New Mailing Address:**

FEI Number: 59-3613773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, USHER L  
225 ROBINSON STREET  
STE. 660  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHALIFOUX, THOMAS E JR  
Address: 817 BILL BECK BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: WHEELER, JAY  
Address: 817 BILL BECK BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: GREER, TOM  
Address: 817 BILL BECK BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: METZ, LARRY  
Address: 201 WEST BURLEIGH BLVD.  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: ELSWICK, BECKY  
Address: 201 WEST BURLEIGH BLVD.  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: BARROW, CINDY  
Address: 201 WEST BURLEIGH BLVD.  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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: BLAINE A. MUSE

SEC

02/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date