

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 34744495 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