

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001288

**Entity Name:** SEACOAST CHARTER ACADEMY, INC.**Current Principal Place of Business:**9100 REGENCY SQUARE BLVD NORTH  
JACKSONVILLE, FL 32211**Current Mailing Address:**9570 REGENCY SQUARE BLVD  
JACKSONVILLE, FL 32225**FEI Number:** 59-3222344**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROCK, LINDSEY CIII  
9995 GATE PARKWAY  
SUITE 190  
JACKSONVILLE, FL 32246 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title      PRESIDENT, CHAIRMAN  
Name      BARKER, DEBORAH  
Address    3718 SARAH BROOK COURT  
City-State-Zip: JACKSONVILLE FL 32277

Title      CFO, DIRECTOR  
Name      HARCOURT, KATHY S  
Address    14073 PINE ISLAND DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

Title      SECRETARY, DIRECTOR  
Name      CHRISTOPHERSON, LISA A  
Address    9570 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title      DIRECTOR  
Name      GYLAND, ROSELLEN DR  
Address    3366 ROYAL PALM DRIVE  
City-State-Zip: JACKSONVILLE FL 32250

Title      DIRECTOR  
Name      PERRY, CATHY  
Address    1025 ARCARO COURT  
City-State-Zip: JACKSONVILLE FL 32218

*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:** KATHY HARCOURT

CFO

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date