

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003194

Entity Name: ESCAMBIA CHARTER SCHOOL, INC.**Current Principal Place of Business:**391 90&9 RANCH RD.
CANTONMENT, FL 32533**Current Mailing Address:**P.O. BOX 1147
GONZALEZ, FL 32560 US**FEI Number: 59-3381523****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHISOLM, JEROME
391 90 & 9 RANCH RD
CANTONMENT, FL 32533 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	CD
Name	SMITH, JACQUELYN
Address	10333 EDENDALE LANE
City-State-Zip:	CANTONMENT FL 32533

Title	D
Name	MANDERSON, CHRISTY
Address	465 JAMES RIVER ROAD
City-State-Zip:	GULF BREEZE FL 32563

Title	OFFICER
Name	GATLIN, WILLIE F.
Address	6979 RAYBURN ROAD
City-State-Zip:	PENSACOLA FL 32526

Title	PM
Name	CHISOLM, JEROME
Address	391 90 & 9 RANCH RD
City-State-Zip:	CANTONMENT FL 32533

Title	STD
Name	HASTY, CINDI
Address	5292 CRYSTAL CREEK DR
City-State-Zip:	PACE FL 32571

Title	OFFICER
Name	FORD, DANIEL
Address	1018 WOODBURY PLACE
City-State-Zip:	CANTONMENT FL

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: JACQUELYN SMITH**BOARD CHAIR****03/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date