

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002606

**Entity Name:** FLORIDA CHARTER SCHOOL ALLIANCE, INC.

**FILED**  
**Mar 22, 2021**  
**Secretary of State**  
**8810422105CC**

**Current Principal Place of Business:**

8585 SW 124TH AVENUE  
#139  
MIAMI, FL 33183

**Current Mailing Address:**

8585 SW 124TH AVENUE  
#139  
MIAMI, FL 33183 US

**FEI Number:** 27-2769707

**Certificate of Status Desired:** No

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

BOWER, TANYA L ESQ.  
TRIPP SCOTT, P.A.  
110 SE 6TH STREET 15TH FLOOR  
FORT LAUDERDALE, FL 33301 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:** TANYA L. BOWER

03/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STEIN, JUDITH S  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR, CHAIRMAN, PRESIDENT  
Name HORNE, JAMES W  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name FANJUL, EMILIA  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR, TREASURER  
Name KIRTLEY, JOHN  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name LEVESQUE, PATRICIA  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name HAGE, JONATHAN  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name ZULUETA, IGNACIO  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name CHISHOLM, JOSEPH D.  
Address 8585 SW 124TH AVENUE  
#139  
City-State-Zip: MIAMI FL 33183

**Continues on page 2**

*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:** LAUREN HOLLANDER

CHAIRMAN

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name JACKSON, THOM  
Address C/O 1 E. BROWARD BLVD. #1111  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name STRADER, MIKE  
Address C/O 5471 N. UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name REZAIE, JILA DR.  
Address C/O 18720 SW 352 STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title CHAIRMAN  
Name HOLLANDER, LAUREN  
Address C/O 4500 PGA BLVD. #302  
City-State-Zip: PALM BEACH GARDENS FL 33418