Entity Name: FLORIDA CHARTER SCHOOL A	LLIANCE, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1750 NE 167TH STREET NORTH MIAMI BEACH, FL 33182

DOCUMENT# N1000002606

Current Mailing Address:

301 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33405 US

FEI Number: 27-2769707

Name and Address of Current Registered Agent:

BOWER, TANYA LESQ TRIPP SCOTT, P.A. 110 SE 6TH STREET 15TH FLOOR FORT LAUDERDALE, FL 33301 US Certificate of Status Desired: No

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

Officer/Director Detail :

Oncer/Director Detail :				
Title	D	Title	D	
Name	STEIN, JUDITH S	Name	HORNE, JAMES W	
Address	1750 NE 167TH STREET	Address	1750 NE 167TH STREET	
City-State-Zip:	NORTH MIAMI BEACH FL 33182	City-State-Zip:	NORTH MIAMI BEACH FL 33182	
Title	D	Title	D	
Name	HOLLANDER, LAUREN	Name	FANJUL, EMILIA	
Address	301 SOUTHERN BOULEVARD	Address	301 SOUTHERN BOULEVARD	
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	WEST PALM BEACH FL 33405	
Title	D	Title	D.	
Title Name	D KIRTLEY, JOHN	Title Name	D. LEVESQUE, PATRICIA	
	-			
Name	KIRTLEY, JOHN	Name	LEVESQUE, PATRICIA	
Name Address	KIRTLEY, JOHN 1750 NE 167TH STREET	Name Address	LEVESQUE, PATRICIA 301 SOUTHERN BOULEVARD	
Name Address City-State-Zip:	KIRTLEY, JOHN 1750 NE 167TH STREET NORTH MIAMI BEACH FL 33182	Name Address City-State-Zip:	LEVESQUE, PATRICIA 301 SOUTHERN BOULEVARD WEST PALM BEACH FL 33405	
Name Address City-State-Zip: Title	KIRTLEY, JOHN 1750 NE 167TH STREET NORTH MIAMI BEACH FL 33182 D	Name Address City-State-Zip: Title	LEVESQUE, PATRICIA 301 SOUTHERN BOULEVARD WEST PALM BEACH FL 33405 D	
Name Address City-State-Zip: Title Name	KIRTLEY, JOHN 1750 NE 167TH STREET NORTH MIAMI BEACH FL 33182 D HAGE, JONATHAN	Name Address City-State-Zip: Title Name	LEVESQUE, PATRICIA 301 SOUTHERN BOULEVARD WEST PALM BEACH FL 33405 D ZULUETA, IGNACIO	

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

DIRECTOR

Date

Electronic Signature of Signing Officer/Director Detail

Date