

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002606

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

02/12/2024

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, 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

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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

CHAIR

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name TORKELSON, TOM
Address 8585 SW 124 AVENUE, #139
City-State-Zip: MIAMI FL 33183

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

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