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

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title DIRECTOR, CHAIRMAN, PRESIDENT

HORNE, JAMES W Name STEIN, JUDITH S Name

8585 SW 124TH AVENUE 8585 SW 124TH AVENUE Address Address

#139

MIAMI FL 33183 City-State-Zip: MIAMI FL 33183

Title **DIRECTOR** Title DIRECTOR, TREASURER

Name FANJUL, EMILIA Name KIRTLEY, JOHN

Address 8585 SW 124TH AVENUE Address 8585 SW 124TH AVENUE

#139

City-State-Zip: MIAMI FL 33183 City-State-Zip: MIAMI FL 33183

Title DIRECTOR Title DIRECTOR

LEVESQUE, PATRICIA HAGE, JONATHAN Name Name

8585 SW 124TH AVENUE 8585 SW 124TH AVENUE Address Address

> #139 #139

City-State-Zip: MIAMI FL 33183 City-State-Zip: MIAMI FL 33183

Title **DIRECTOR** Title **DIRECTOR**

Name ZULUETA, IGNACIO Name CHISHOLM, JOSEPH D. Address 8585 SW 124TH AVENUE Address 8585 SW 124TH AVENUE

#139 #139

MIAMI FL 33183 MIAMI FL 33183 City-State-Zip: City-State-Zip:

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#139

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.

03/22/2021 SIGNATURE: LAUREN HOLLANDER **CHAIRMAN**

Officer/Director Detail Continued:

Title D Title D

Name JACKSON, THOM Name REZAIE, JILA DR.

Address C/O 1 E. BROWARD BLVD. #1111 Address C/O 18720 SW 352 STREET City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FLORIDA CITY FL 33034

Title D Title CHAIRMAN

Name STRADER, MIKE Name HOLLANDER, LAUREN

Address C/O 5471 N. UNIVERSITY DRIVE Address C/O 4500 PGA BLVD. #302

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: PALM BEACH GARDENS FL 33418