

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006526

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE HOMESTEAD CHARTER FOUNDATION, INC.

Current Principal Place of Business:

6245 NORTH FEDERAL HIGHWAY
5TH FLOOR
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

6245 NORTH FEDERAL HIGHWAY
5TH FLOOR
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 31-1748540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZZUOLI, EDWARD J ESQ
C/O TRIPP SCOTT PA
110 SE 6TH STREET 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DOUGLAS, CECILIA
Address: 17363 SW 267TH LANE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: DVC () Delete
Name: GOLD, COREY
Address: C/O 160 NW 13TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: HERNANDEZ, CECELIA
Address: 16541 SW 29TH TERRACE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D () Delete
Name: MAAS, JOHN P
Address: 44 NE 16TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORRIE DAVIDSON

VP

01/26/2009

Electronic Signature of Signing Officer or Director

Date