

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002569

1. Entity Name
FLORIDA CONSORTIUM OF CHARTER SCHOOLS, INC.



Principal Place of Business
1500 CORDOVA ROAD
SUITE 210
FORT LAUDERDALE, FL 33316

Mailing Address
1500 CORDOVA ROAD
SUITE 210
FORT LAUDERDALE, FL 33316



02062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1099433

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

WOOD, JEFFREY S
ONE FINANCIAL PLAZA STE 2602
FT LAUDERDALE, FL 33394

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000495162
04/20/06-80074-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	LAWSON, ROSA
STREET ADDRESS	1500 CORDOVA ROAD SUITE 210
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	OT
NAME	ZULUETA, FERNANDO
STREET ADDRESS	1500 CORDOVA ROAD SUITE 210
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	DS
NAME	WILSON-DAVIS, KATRINA
STREET ADDRESS	1500 CORDOVA ROAD SUITE 210
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	DP
NAME	HAAG, ROBERT
STREET ADDRESS	1500 CORDOVA ROAD SUITE 210
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	D
NAME	MARBLE, VICKIE
STREET ADDRESS	1500 CORDOVA RD STE 210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	CALLENDER, STAN <i>Delet</i>
STREET ADDRESS	1500 CORDOVA RD STE 210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Haag, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 *954-463-9595*
Date Daytime Phone #