

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90017 030 ****61.25

DOCUMENT # N01000002569 1. Entity Name FLORIDA CONSORTIUM OF PUBLIC 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		
2. Principal Place of Business - No P.O. Box # 1607 Village Square Blvd		3. Mailing Address 1126 S. Federal Hwy.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40056011</div> <div style="margin-top: 10px;"> 03202007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc. Ste 7, Northside Prof. Ofc.		Suite, Apt. #, etc. Suite 170			
City & State Tallahassee, FL 32308		City & State Ft. Lauderdale, FL 33316			
Zip 32308		Zip 33316		4. FEI Number 65-1099433	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, JEFFREY S ONE FINANCIAL PLAZA STE 2602 FT LAUDERDALE, FL 33394				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAWSON, ROSA 1600 CORDOVA ROAD SUITE 210 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1126 S. Federal Hwy, Suite 170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT ZULUETA, FERNANDO 1500 CORDOVA ROAD SUITE 210 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1126 S. Federal Hwy, Suite 170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON-DAVIS, KATRINA 1500 CORDOVA ROAD SUITE 210 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1126 S. Federal Hwy, Suite 170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAAG, ROBERT 1500 CORDOVA ROAD SUITE 210 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1126 S. Federal Hwy, Suite 170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARBLE, VICKIE 1500 CORDOVA RD STE 210 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1126 S. Federal Hwy, Suite 170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLENDER, STAN 1500 CORDOVA RD STE 210 FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Devann Flowers 1126 S. Federal Hwy, Suite 170 Fort Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Robert Haag, President</i>			ROBERT HAAG 3/29/07 954-522-2997		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		