

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90008 003 ****70.00

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DOCUMENT # N02000000691 1. Entity Name NORTH DADE COMMUNITY CHARTER, INC.					
Principal Place of Business 13850 N.W. 26TH AVENUE OPA LOCKA, FL 33054			Mailing Address 13850 N.W. 26TH AVENUE OPA LOCKA, FL 33054		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0592633	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)					
Filing Fee is: \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D	☒ Delete	TITLE	Director	☐ Change ☐ Addition
NAME	DONALD, SHARON		NAME	Thea Long	
STREET ADDRESS	13850 N.W. 26TH AVENUE		STREET ADDRESS	13850 NW 26th Avenue	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Opa-Locka, FL 33054	
TITLE	D	☐ Delete	TITLE	Director	☐ Change ☐ Addition
NAME	HAYNES, FRED		NAME	Kathleen Majors	
STREET ADDRESS	13850 N.W. 26TH AVENUE		STREET ADDRESS	13850 NW 26th Avenue	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Opa-Locka, FL 33054	
TITLE	D	☒ Delete	TITLE	Director	☒ Change ☐ Addition
NAME	FREEMAN BLAKE, BOBBIE		NAME	Bobbie Freeman Blocker	
STREET ADDRESS	13850 N.W. 26TH AVENUE		STREET ADDRESS	13850 NW 26th Avenue	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Opa-Locka, FL 33054	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REED, ELOISE		NAME		
STREET ADDRESS	13850 N.W. 26TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/12/04 Daytime Phone #: 309-725-4755		