

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000691

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: NORTH DADE COMMUNITY CHARTER, INC.

## Current Principal Place of Business:

13850 N.W. 26TH AVENUE  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

13850 N.W. 26TH AVENUE  
OPA LOCKA, FL 33054

## New Mailing Address:

P.O. BOX 540202  
OPA LOCKA, FL 33054

FEI Number: 01-0592633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

S. DAVIS & ASSOCIATES, P.A.  
2521 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 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: SHAUN M. DAVIS

07/02/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LONG, THEA  
Address: 13850 N.W. 26TH AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: HAYNES, FRED  
Address: 13850 N.W. 26TH AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: BLOCKER, BOBBIE FREEMAN  
Address: 13850 N.W. 26TH AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: REED, ELOISE  
Address: 13850 N.W. 26TH AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: CALIN, PETER  
Address: P.O. BOX 540202  
City-St-Zip: OPA LOCKA, FL 33054

Title: O (X) Change ( ) Addition  
Name: STANLEY, JUDITH  
Address: P.O. BOX 540202  
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition  
Name: VICKERS, ROSETTA  
Address: P.O. BOX 540202  
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change ( ) Addition  
Name: LAWAL, ANNIE  
Address: P.O. BOX 540202  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Change (X) Addition  
Name: RICHARDSON, IRIS DR.  
Address: P.O. BOX 540202  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER CALIN

O

07/02/2004

Electronic Signature of Signing Officer or Director

Date