


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90020 037 \*\*\*\*61.25

<b>DOCUMENT # N02000002506</b> 1. Entity Name <b>JFK MEDICAL CENTER CHARTER SCHOOL, INC.</b>					
Principal Place of Business <b>4696 DAVIS ROAD LAKE WORTH, FL 33461</b>			Mailing Address <b>4696 DAVIS ROAD LAKE WORTH, FL 33461</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>01-0683331</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRILL, BETH C/O HCA HEALTH CARE 301 EAST LAS OLAS BLVD, 4TH FL FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRILL, BETH 301 E. LAS OLAS BLVD, 4TH FL FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mouring, C. Annalies 4276 Pine Hollow Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CURNISKEY, JOYCE 160 JFK DRIVE, 2ND FL ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adams, Patrick c/o Gourmet Designs, 7320 Willowsprings Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAUFMAN, DENISE 5301 SOUTH CONGRESS AVENUE ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kaufman, Denise 5301 South Congress Avenue Atlantis, FL 33462	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, PATTI 4685 SOUTH CONGRESS AVENUE LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Colom, Patricia c/o Equestrian Trails Elem School 9720 Pierson Rd Wellington FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIDDIX, LOIS 504 5TH AVENUE NORTH LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ives, Sue W. 1821 North N Street Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUBEN, SHARON 5301 SOUTH CONGRESS AVENUE ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melby, Gina 5301 S. Congress Avenue Atlantis, FL 33462	<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 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 all other like empowered.					
<b>SIGNATURE:</b> _____			<b>BETH BRILL, President/Dir.</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>			<b>954 967 5772</b>		

# ATTACHMENT

40049064

## 2005 Not for Profit Corporation Annual Report

Document # NO2000002506  
JFK Medical Center Charter School, Inc.  
4696 Davis Road  
Lake Worth, FL 33461

### Continuation Sheet under Item No. 11:

Title:	D	<input checked="" type="checkbox"/> ADDITION
Name:	Zeltzer, Jack	
Street Address:	4665 S. Congress Avenue, Suite 100	
City-St-Zip:	Lake Worth, FL 33461	