

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002506

FILED
Jan 20, 2009
Secretary of State

Entity Name: JFK MEDICAL CENTER CHARTER SCHOOL, INC.

Current Principal Place of Business:

4696 DAVIS ROAD
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4696 DAVIS ROAD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 01-0683331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRILL, BETH
C/O HCA HEALTH CARE
301 EAST LAS OLAS BLVD, 4TH FL
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRILL, BETH
Address: 301 E. LAS OLAS BLVD, 4TH FL
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VPD () Delete
Name: CUMISKEY, JOYCE
Address: 160 JFK DRIVE, 2ND FL
City-St-Zip: ATLANTIS, FL 33462

Title: TD () Delete
Name: KAUFMAN, DENISE
Address: 5301 SOUTH CONGRESS AVENUE
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: BROMLEY, TRUDY
Address: 5301 SOUTH CONGRESS AVENUE
City-St-Zip: ATLANTIS, FL 33462

Title: SD () Delete
Name: MOURING, C. ANNALIES
Address: 4276 PINE HOLLOW CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: REUBEN, SHARON
Address: 5301 SOUTH CONGRESS AVENUE
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BETH BRILL

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date