

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002506

FILED
Jan 08, 2010
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
Name: BRILL, BETH
Address: 301 E. LAS OLAS BLVD, 4TH FL
City-St-Zip: FT. LAUDERDALE, FL 33301

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES E SHAW

PRIN

01/08/2010

Electronic Signature of Signing Officer or Director

Date