

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002506

FILED  
Mar 07, 2012  
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 (X)

**Name and Address of Current Registered Agent:**

KIMMEL, BERNARD DR.  
4696 DAVIS ROAD  
LAKE WORTH, FL 33426 US

**Name and Address of New Registered Agent:**

KIMMEL, BERNARD DR.  
4696 DAVIS ROAD  
LAKE WORTH, FL 33461 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: DR. BERNARD KIMMEL

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KIMMEL, BERNARD DR.  
Address: 4696 DAVIS ROAD  
City-St-Zip: LAKE WORTH, FL 33461

Title: VP  
Name: REUBEN, SHARON  
Address: 11279 KONA COURT  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

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: STEPHEN C. SILLS

PRIN

03/07/2012

Electronic Signature of Signing Officer or Director

Date