## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2003 8:00 am Secretary of State

02-10-2003 90176 009 \*\*\*\*61.25

JFK CI	CHARTER SCHOOL, INC.	)0000:	2506				02-10-200	J3 90176 009	01.20
5301 SOUT	Principal Place of Business  5301 SOUTH CONGRESS AVENUE ATLANTIS FL 33462		Mailing Address 5301 SOUTH CONGRESS AVENUE ATLANTIS FL 33462			1			
ı	pal Place of Business	- 1	Mailing Address						
6216 S Lantan	South Congress Aven		Suite, Apt. #, etc.			┥	CHECK HERE IF		
33462			City & State			4. FEI Number	01-0683331		Applied For
	6. Name and Address of Cur	Z	Zip	Country	<u> </u>	5. Certificate of S	Status Desired	\$8.75	Not Applicab 5 Additional equired
		rent register	red Agent		Name	7. Name and Ad	ddress of New Reg	gistered Agent	Julied
5301 S	BETH FK MEDICAL CENTER SOUTH CONGRESS AVENUE TIS FL 33462	ممسين په	-	L	· Verillo	P.O. Box Number is			
1	ove named entity submits this statement pations of registered agent	ent for the purp	pose of changing its	Ci s registered o	City Office or registered	d agent or both, in	Cross of Florid	FL Zip	Code
SIGNATURE	/ 1701/	11	<u> </u>	SHOTE	3/1/ ) Int signature required whe	Project	THE STATE OF FIGURE	-	ith, and accept
	FILE NOW: FEE IS \$61.25		9. Election Cam	npaign Financi				DATE	
10.	OFFICERS AND	DIRECTORS	Irust Fund Co	Contribution,	□ Ad	5.00 May Be dded to Foes	Florida [	Check Payabl Department of	of State
TITLE	President	DIMECTORS	☐ Delete	11.	COA	DITIONS/CHANGE	ES TO OFFICERS A	AND DIRECTORS	IN 10
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Beth Rain	<b>D</b>	∟ <i>D</i> elete	TITLE NAME STREET ADDRI CITY-ST-ZIP	MESS			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joyce Cumiskey 12149 Regal Court, North Wellington, FL 33414	D .	☐ Defete	TITLE NAME STREET ADDRE	RESS .			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Phillip D. Robinson 5301 South Contress Avenue Atlantis, FL 33462	D	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Secretary Denise Kaufman 7169 150 <sup>®</sup> Court, North Palm Beach Gardens, FL 33418	D	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ss			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Member Gail Kressal 209 Walton Boulevard West Palm Beach, FL 33405		🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		sal en Boulevard 1 Beach, FL 33405		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	rtify that the information supplied with In this report or supplies final report is			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mumber Patti Nichola 5803 LaGoro	las co Circle		☐ Change	Addition

indicated on this report or supplied with this ning does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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

SIGNATURE:

NO OFFICER OR SERECTOR

Proider

561-548-3628

Date

Attentionens

JFK C	HARTER SCHOOL, INC.	)002506				550	103	368
	Place of Business  South Congress Avenue	Mailing Address 5301 SOUTH CONGRE ATLANTIS FL 33462	ess avenue		<u> </u>			
Lantar 3462	na, FL - ·	3. Mailing Address		· ·				
0: -		Suite, Apt. #, etc.				CHECK HERE IF MAI	KING OUA	1050
City & S	State	City & State	<del>-</del>		4. FEI Number	·	- CHAN	Applied F
Zip	Country	Zip	Coun	ntry		-0683331	<u></u>	Not Appli
	6. Name and Address of Current	Registered Agent	<del>-                                    </del>		5. Certificate of Sta	ess of New Register	tes Rar	·Additional quired
5301 S ATLANT	K MEDICAL CENTER OUTH CONGRESS AVENUE IS FL 33462 Ve named entity spibmits this statement for ations of registrated agent	the purpose of changing	-	City	P.O. Box Number is No	· · · · · · · · · · · · · · · · · · ·	Zip (	Code
GNATURE	Signature of printed name of registered agent and	- ECMON	<u>11 , 70</u>	redes	Γ			
GIANI OHE	Signature riped of printed name of regressed egent and FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECT	9. Election Ca Trust Fund	OTE: Repuliered Age	pern signature required w	hen reinstating)  55.00 May Be idded to Fees	Make Che Florida Depa	ck Payabi	e to State
GNATURE	Signature of prised name of registered agent and FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECT Member Mark Member	9. Election Ca Trust Fund	OTE: Replaced Ap	pern signature required w	hen reinstating)  55.00 May Be added to Fees  DITIONS/CHANGES	Make Che Florida Depa	ck Payabl	e to State
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