


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90125 040 \*\*\*\*61.25

**DOCUMENT # N02000003892**

1. Entity Name  
**THEODORE R. AND THELMA A. GIBSON CHARTER SCHOOL, INC.**



**14018611**



Principal Place of Business  
**3629 GRAND AVENUE  
 MIAMI, FL 33133**

Mailing Address  
**6255 BIRD ROAD  
 MIAMI, FL 33155**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**02-0607895**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ZULUETA, IGNACIO G ESQ.  
 6255 BIRD ROAD  
 MIAMI, FL 33155**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	HOULIHAN, EDITH ESQ.	
STREET ADDRESS	3629 GRAND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, ROBERT DR.	
STREET ADDRESS	3629 GRAND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MANUEL J	
STREET ADDRESS	3629 GRAND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, SANDRA	
STREET ADDRESS	3629 GRAND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GIBSON, CHARLES A	
STREET ADDRESS	3629 GRAND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRASSIE, YVONNE G	
STREET ADDRESS	3629 GRAND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA MARTINEZ	
STREET ADDRESS	12488 SW 125 TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/05** **(305) 669-2906**  
Date Daytime Phone #