

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90093 002 ****70.00

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|---|-------------------------------------|--|--|--|--|
| DOCUMENT # N02000003892 | | | | | |
| 1. Entity Name THEODORE R. AND THELMA A. GIBSON CHARTER SCHOOL, INC. | | | | | |
| Principal Place of Business 3629 GRAND AVENUE MIAMI, FL 33133 | | | Mailing Address 6255 BIRD ROAD MIAMI, FL 33155 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 02-0607895 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ZULUETA, IGNACIO G ESQ. 6255 BIRD ROAD MIAMI, FL 33155 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE STD | NAME HOULIHAN, EDITH ESQ. | <input checked="" type="checkbox"/> Delete | TITLE DCP | NAME Gibson, Charles | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3629 GRAND AVENUE | | | STREET ADDRESS 2801 Ponce De Leon Blvd | | |
| CITY-ST-ZIP MIAMI, FL 33133 | | | CITY-ST-ZIP Coral Gables, FL 33134 | | |
| TITLE D | NAME MATRTINEZ, LISA | <input checked="" type="checkbox"/> Delete | TITLE DTS | NAME Georgi Houlihan, Edith | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 12488 SW 125 TERRACE | | | STREET ADDRESS 1320 NW 14th Street | | |
| CITY-ST-ZIP MIAMI, FL 33186 | | | CITY-ST-ZIP Miami, FL 33125 | | |
| TITLE D | NAME WALLACE, SANDRA | <input checked="" type="checkbox"/> Delete | TITLE D | NAME Grassie, Yvonne | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3629 GRAND AVENUE | | | STREET ADDRESS 3916 Irvongton Avenue | | |
| CITY-ST-ZIP MIAMI, FL 33133 | | | CITY-ST-ZIP Miami, FL 33133 | | |
| TITLE DP | NAME GIBSON, CHARLES A | <input checked="" type="checkbox"/> Delete | TITLE D | NAME Wallace, Sandra | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3629 GRAND AVENUE | | | STREET ADDRESS 4350 NW 181 Terrace | | |
| CITY-ST-ZIP MIAMI, FL 33133 | | | CITY-ST-ZIP Miami Gardens, FL 33055 | | |
| TITLE D | NAME GRASSIE, YVONNE G | <input checked="" type="checkbox"/> Delete | TITLE D | NAME Ballard Sr., Johnnie A. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 3629 GRAND AVENUE | | | STREET ADDRESS PO Box 1785 | | |
| CITY-ST-ZIP MIAMI, FL 33133 | | | CITY-ST-ZIP Coconut Grove, FL 33133 | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ | | | 4/10/06 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |
| | | | <small>Daytime Phone #</small> | | |