


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

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 <b>02-0607895</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
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	
				State <b>FL</b> 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <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	<input checked="" type="checkbox"/> Delete	TITLE	DCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOULIHAN, EDITH ESQ.		NAME	Gibson, Charles	
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	<input checked="" type="checkbox"/> Delete	TITLE	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATRTINEZ, LISA		NAME	Georgi Houlihan, Edith	
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	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, SANDRA		NAME	Grassie, Yvonne	
STREET ADDRESS	3629 GRAND AVENUE		STREET ADDRESS	3916 Irvongton Avenue	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Miami, FL 33133	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, CHARLES A		NAME	Wallace, Sandra	
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	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRASSIE, YVONNE G		NAME	Ballard Sr., Johnnie A.	
STREET ADDRESS	3629 GRAND AVENUE		STREET ADDRESS	PO Box 1785	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		