


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N02000003892 1. Entity Name THEODORE R. AND THELMA A. GIBSON CHARTER SCHOOL, INC.	
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Principal Place of Business 3629 GRAND AVENUE MIAMI, FL 33133	Mailing Address 6255 BIRD ROAD MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0607895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP GIBSON, CHARLES 2801 PONCE DE LEON BLVD MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GEORGI HOULIHAN, EDITH 1320 NW 14TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSIE, YVONNE 3916 IRVINGTON AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, SANDRA 4350 NW 181 TERR OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, JOHNNIE A SR POB 1785 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000752398
 05/21/07-80014-024 61.25

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: Charles Gibson / AF Date: 4/27/07 Daytime Phone #: (305) 669-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR