

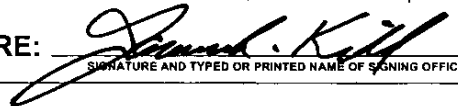


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90046 040 ****70.00

DOCUMENT # N02000004490 1. Entity Name PALM BEACH COUNTY ALLIANCE OF CHARTER SCHOOLS, INC.					
Principal Place of Business 1300 SW 30TH AVE BOYNTON BEACH, FL 33426			Mailing Address 1300 SW 30TH AVE BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip -		Country		Zip	
Country		Country		4. FEI Number 76-0818273	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
\$8.75 Additional Fee Required				02062007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent KIDD, JIM 1300 SW 30TH AVE BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.</small>				DATE 02-09-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JOE 1004 GREEN PINE BLVD., #D1 WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Nash-Utterback 414 NW 35th Street Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD-ALLERDYCE, DIANE 95 NE FIRST AVENUE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/D Clifford Durden 702 Chatelaine Blvd. E Delray Beach, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAMMER, MARC 1310 OLD CONGRESS AVENUE WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/D Nicole Bret 6007 Seminole Gardens Circle Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCHIARO, MARIE 7719 S DIXIE HWY WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Executive Joseph Orr P.O. Box 31511 Palm Beach Gardens, FL 33420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIDD, JIM 1300 SW 30TH AVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES R. "Jim" Kidd 1300 SW 30TH AVE. Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANKS, EMMA 7071 GARDEN RD RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 02-09-07 Daytime Phone # (561) 369-7011	