


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



05212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 76-0818273	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIDD, JIM 1300 SW 30TH AVE BOYNTON BEACH, FL 33426
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000952536 06/04/08-80085-005 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH-UTTERBACK, DEBORAH 414 NW 35TH STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURDEN, CLIFFORD 702 CHATELAINE BLVD E DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRET, NICOLE 6007 SEMINOLE GARDENS CIRLCE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE ORR, JOSEPH PO BOX 31511 PALM BEACH GARDENS, FL 33420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIDD, JAMES "JIM" R 1300 SW 30TH AVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANKS, EMMA 7071 GARDEN RD RIVIERA BEACH, FL 33404

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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: 	5/21/08 (561) 369-7011
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>