2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
04-28-2004 90191 010 ****70.00

DOCUMENT # N03000006137

1. Entity Name
ROSA PARKS CHARTER SCHOOLS, INC.

Principal Place of Business	Mailing Address
3050 BISCAYNE BL STE 501 MIAMI, FL 33137	3050 BISCAYNE BL STE 501 MIAMI, FL 33137

00466603

03042003 Chg-NP CR2E037 (10/03)

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 35-2211672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, BENTON L
1550 MADRUGA AVE STE 329
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD COLEMAN, HERBERT J 3050 BISCAYNE BL STE 502 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IDA WHIPPLE 15001 Pierce St. Miami, FL 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, BRIDGETT 2106 SCOTT STREET LITTLE ROCK, AK 72206	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACK LEONARD 18820 S.W. 355th Ave. Florida City, FL 33034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE SILVA, MARVA 3050 BISCAYNE BL STE 502 MIAMI, FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENTON L. BECKER 1550 Madruga Ave. Ste 329 Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALEXANDER, SANDRA E 3050 BISCAYNE BL STE 502 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PATRICIA MELLERSON 224 Washington Ave. Homestead, FL 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rev. CLINTON TERRY 29871 S.W. 165th Ave, Homestead, FL 33033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGDALENE ALTIDOR 3050 Biscayne Blvd. Ste. 504 Miami, FL 33137	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Herbert J. Coleman 5/12/04 303-576-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #