

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007599	
1. Entity Name THE CHARTER SCHOOL FOUNDATION OF FLORIDA, INC.	

Principal Place of Business 1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316	Mailing Address 1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316
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02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 55-0845760	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOOD, JEFFREY S C/O MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA - SUITE 2602 FORT LAUDERDALE, FL 33394
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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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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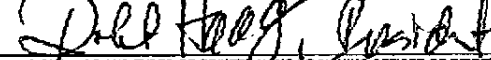
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, ROSA 1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORENO, RICHARD 1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON-DAVIS, KATRINA 1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B RACE, JOHN DELETE 4217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X S HAAG, ROBERT 1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JEFF ONE FINANCIAL PLAZA #2602 FORT LAUDERDALE, FL 33394

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1100000493252
04/19/06-80096-025 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: 	Date: 3/27/06	Daytime Phone #: 954-522-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		