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	Mailing Address
1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316	1217 SE 3RD AVENUE FORT LAUDERDALE, FL 33316

02062006 No Chg-NP CR2E037 (11/05)

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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 _____ 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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAWSON, ROSA
STREET ADDRESS	1217 SE 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	T
NAME	MORENO, RICHARD
STREET ADDRESS	1217 SE 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	V
NAME	WILSON-DAVIS, KATRINA
STREET ADDRESS	1217 SE 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	~~S~~
NAME	~~RACE, JOHN~~ DELETE
STREET ADDRESS	~~1217 SE 3RD AVENUE~~
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33316~~
TITLE	X S
NAME	HAAG, ROBERT
STREET ADDRESS	1217 SE 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	WOOD, JEFF
STREET ADDRESS	ONE FINANCIAL PLAZA #2602
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394

100000493252
04/19/06-80096-025 61.25

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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: Robert Haag, President 3/27/06 954-522-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #