


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 040 \*\*\*\*70.00

<b>DOCUMENT # N03000007732</b> 1. Entity Name <b>BOCA RATON CHARTER SCHOOL, INC.</b>			
Principal Place of Business 1295 N.E. 4TH COURT BOCA RATON, FL 33432 US		Mailing Address 1295 N.E. 4TH COURT BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # <b>414 N.W. 35th Street</b>		3. Mailing Address <b>414 N.W. 35th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>	
Zip <b>33431</b>		Zip <b>33431</b>	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>92-0189820</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NASH-UTTERBACK, DEBORAH K</b> <b>1295 N.E. 4TH COURT</b> <b>BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name <b>Nash-Utterback, Deborah K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>414 N.W. 35th Street</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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 <b>Deborah K. Nash-Utterback</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>2/5/07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREE, BIVIAN 5120 NW 11TH DR DEERFIELD BEACH, FL 33064	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALFONSO, LOUIS 370 CAMINO GARDENS BLVD SUITE 346 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALFONSO, LOUIS J 370 CAMINO GARDENS BLVD., SUITE 346 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, DAVID 20945 BOCA RIDGE DRIVE WEST BOCA RATON, FL 33428	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, SUSAN 1699 JUANA RD BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUNNINGHAM, BEVERLY 2196 WEST MARINA PALM DR BOCA RATON, FL 33432	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" 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: <b>Beverly Cunningham, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/05/07</b> <small>DATE</small>	
Daytime Phone #			