

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007894

FILED
Mar 30, 2005
Secretary of State

Entity Name: BROWARD COMMUNITY CHARTER SCHOOL, INC.

Current Principal Place of Business:

7300 W MCNAB RD #217
TAMARAC, FL 33321

New Principal Place of Business:

154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL 34986

Current Mailing Address:

7300 W MCNAB RD #217
TAMARAC, FL 33321

New Mailing Address:

P.O. BOX 881237
PORT ST. LUCIE, FL 34988

FEI Number: 20-0301231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTZ, MARK H
7300 W MCNAB RD #217
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

GOTZ, MARK H
154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE: MARK H. GOTZ

03/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOTZ, MARK H
Address: 2037 NW 81 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: HACKETT, PAM
Address: 8949 NW 9TH PL
City-St-Zip: PLANTATION, FL 33324

Title: SD () Delete
Name: ANDREWS, WILLIAM F
Address: 4721 NW 27TH AVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOTZ, MARK H
Address: 154 NW MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK H. GOTZ

PRES

03/30/2005

Electronic Signature of Signing Officer or Director

Date