## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007894

Entity Name: BROWARD COMMUNITY CHARTER SCHOOL, INC.

FILED Feb 27, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

154 NW MAGNOLIA LAKES BLVD. 201 UNIVERSITY DRIVE PORT ST. LUCIE, FL 34986 CORAL SPRINGS, FL 33071

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 881237 201 UNIVERSITY DRIVE PORT ST. LUCIE, FL 34988 CORAL SPRINGS, FL 33071

FEI Number: 20-0301231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RENNA, RONALD P GOTZ, MARK H 154 NW MAGNOLIA LAKES BLVD. 4364 NW 103RD TERRACE PORT ST. LUCIE, FL 34986 SUNRISE, FL 33351

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: RONALD P RENNA 02/27/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition GOTZ, MARK H Name: VELEZ SIMONE Name:

154 NW MAGNOLIA LAKES BLVD. Address: 580 RIVERSIDE DRIVE Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: CORAL SPRINGS, FL 33071

Title: Title: **TRES** (X) Change ( ) Addition ( ) Delete HACKETT, PAM Name: DENNIS, RUSS Name:

Address: 8949 NW 9TH PL Address: 110 SW 120 WAY City-St-Zip: PLANTATION, FL 33324 City-St-Zip: SUNRISE, FL 33071

Title: () Delete Title: SECT (X) Change ( ) Addition ANDREWS, WILLIAM F HACKETT, PATRICIA Name: Name:

Address: 4721 NW 27TH AVE Address: 8749 NW 9TH PLACE City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: PLANTATION, FL 34986

Title: Title: DIR ( ) Change (X) Addition ( ) Delete

Name: Name: BUCK, DESIREE Address: Address: 201 UNIVERSITY DRIVE

City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete Title: ( ) Change (X) Addition LONGSTRETH, REMINGTON Name: Name: 1901 OAKMONT TERRACE Address: Address:

City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RONALD P RENNA RΑ 02/27/2006