

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 06, 2004  
Secretary of State**

DOCUMENT# N04000000175

Entity Name: DR. JOSEPH COATS GRACE COMMUNITY CHARTER SCHOOL, INC.

**Current Principal Place of Business:**

1500 REMO AVE, STE 170  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 REMO AVE, STE 170  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 55-0856678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MACHADO, LUIS  
10273 NW 80TH CT, STE 102  
HIALEH GARDENS, FL 33016

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MACHADO, LUIS  
Address: P O BOX 520682  
City-St-Zip: MIAMI, FL 331520682

Title: DS ( ) Delete  
Name: AVINO, JOAQUIN  
Address: 1500 SAN REMO AVE, STE 170  
City-St-Zip: CORAL GABLES, FL 33146

Title: DT ( ) Delete  
Name: ESTEVEZ, ANABEL  
Address: 8033 NW 163RD TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LUIS MACHADO

DP

02/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date