2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
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:

P.O. BOX 520682
MIAMI, FL 33152

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 US

Name and Address of New Registered Agent:

MACHADO, LUIS
9560 SW 107TH AVE
SUITE 102
MIAMI, FL 33173 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: LUIS MACHADO 03/31/2005
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 03/31/2005
Electronic Signature of Signing Officer or Director Date