

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000580

1. Entity Name
PEMBROKE PINES CHARTER SCHOOL FOUNDATION,
INC.



Principal Place of Business
C/O PEMBROKE PINES CITY HALL
10100 PINES BOULEVARD
PEMBROKE PINES, FL 33026

Mailing Address
C/O PEMBROKE PINES CITY HALL
10100 PINES BOULEVARD
PEMBROKE PINES, FL 33026



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1192922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODGE, CHARLES F
5621 SW 163 AVENUE
SOUTHWEST RANCHES, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000423440
02/18/06-80008-004 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DODGE, CHARLES F
5621 SW 163 AVENUE
SOUTHWEST RANCHES, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALEZ, ANER
8531 NW 4TH STREET
PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BASS, KENNETH
831 GARNET CIRCLE
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHANCE, SEAN
310 NW 158 AVENUE
PEMBROKE PINES, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANER GONZALEZ

2/2/06

954-437-1111

Date

Daytime Phone #