

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 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**



01192007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000628794
02/16/07-80031-013 61.25

**DO NOT WRITE
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: _____

ANER GONZALEZ

1/22/07

954.632.7927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #