

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90083 047 ****61.25

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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**



01092008 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 10950 SW 48th ST
SOUTHWEST RANCHES, FL 33331
PEMBROKE PINES, FL 33328**

**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 **ANER GONZALEZ**

1/9/08

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, 2008**

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 10950 SW 48th ST
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331 PEMBROKE PINES, FL
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	

**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**

1/9/08

954.632.7927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #