2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000000580

Entity Name: PEMBROKE PINES CHARTER SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1192922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODGE, CHARLES F
10950 SW 48TH ST
FORT LAUDERDALE, FL 33328 US

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: D ( ) Delete
Name: DODGE, CHARLES F
Address: 10950 SW 48TH ST
City-St-Zip: PEMBROKE PINES, FL 33331

Title: D ( ) Delete
Name: GONZALEZ, ANER
Address: 8531 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: BASS, KENNETH
Address: 831 GARNET CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: CHANCE, SEAN
Address: 310 NW 158 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANER GONZALEZ D 04/14/2009

Electronic Signature of Signing Officer or Director — Date