

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008301

FILED
Jan 06, 2008
Secretary of State

Entity Name: PARAGON ELEMENTARY CHARTER SCHOOL, INC.

Current Principal Place of Business:

3311 N ANDREW'S EXTENSION
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4364 NW 103RD TERRACE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-2664215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENNA, RONALD P
4364 NW 103RD TERRACE
SUNRISE, FL 33351 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: P () Delete
Name: GOTZ, MARK H
Address: PO BOX 881237
City-St-Zip: PORT ST LUCIE, FL 34988

Title: VP () Delete
Name: HACKETT, PAM
Address: 8949 NW 9TH PLACE
City-St-Zip: PLANTATION, FL 33324

Title: DIR () Delete
Name: CLEMONS, BONNIE
Address: 3311 N ANDREW'S EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: SECT () Delete
Name: GOMEZ, ANA
Address: 3311 N ANDREW'S EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: DIR () Delete
Name: BROXTON, DANA
Address: 3311 N ANDREW'S EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: DIR (X) Delete
Name: FARIAS, MILDRED
Address: 3311 N ANDREW'S EXT
City-St-Zip: POMPANO BEACH, FL 33064

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
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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: MARK GOTZ

PRES

01/06/2008

Electronic Signature of Signing Officer or Director

Date