

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90019 044 ****61.25

40019507



DOCUMENT # N04000008435 1. Entity Name EBENEZER CHARTER SCHOOL, INC.					
Principal Place of Business 2001 NW 35 STREET MIAMI, FL 33142			Mailing Address 2001 NW 35 STREET MIAMI, FL 33142		
2. Principal Place of Business 1781 N.W. 54th STREET		3. Mailing Address 8841 N.W. 14th AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL 33142		City & State MIAMI, FL 33147		4. FEI Number 20-1551582	
Zip 33142		Country MIAMI-DADE		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRACHAN, RICHARD J 2001 NW 35 STREET MIAMI, FL 33142			7. Name and Address of New Registered Agent Name RICHARD J. STRACHAN Street Address (P.O. Box Number is Not Acceptable) 8841 N.W. 14th AVENUE City MIAMI FL Zip Code 33147		
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 2-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JIMMIE L DR. 2001 NW 35 STREET MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE C NAME STREET ADDRESS CITY-ST-ZIP	PETER ROULHAC 200 S. BISCAYNE BLVD. MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P JOHNSON, ELOISE B 2001 NW 35 STREET MAIMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE BM NAME STREET ADDRESS CITY-ST-ZIP	DORRIN ROLLE 2400 N.W. 54th STREET MIAMI, FLORIDA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP ÈVE, CHRISTINE DR. 2001 NW 35 STREET MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE BM NAME STREET ADDRESS CITY-ST-ZIP	ALICE JOHNSON 8841 N.W. 14th AVENUE MIAMI, FLORIDA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP GILLARD-INGRAHAM, GERALINE DR. 2001 NW 35 STREET MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE BM NAME STREET ADDRESS CITY-ST-ZIP	ENID PINKNEY 8841 N.W. 14th AVENUE MIAMI, FLORIDA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TIMOTHY 2001 NW 35 STREET MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE BM NAME STREET ADDRESS CITY-ST-ZIP	R.T. FISHER 8841 N.W. 14th AVENUE MIAMI, FLORIDA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACHAN, RICHARD 2001 NW 35 STREET MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE BM NAME STREET ADDRESS CITY-ST-ZIP	EDDIE J. STRACHAN 8841 N.W. 14th AVENUE MIAMI, FLORIDA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CONTINUE ON THE NEXT PAGE.

ATTACHMENT

DOCUMENT #NO4000008435

EBENEZER CHARTER SCHOOL, INC.

40019507

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE BM
NAME JOHN WILLIAMS
8841 N.W. 14th AVENUE
MIAMI, FLORIDA 33147

TITLE CAB
NAME ASTRID MACK
8841 N.W. 14th AVENUE
MIAMI, FLORIDA 33147

TITLE BM
NAME ABRAHAM THOMAS
8841 N.W. 14th AVENUE
MIAMI, FLORIDA 33147

TITLE BM
NAME CHESTER COACHMAN
8841 N.W. 14th AVENUE
MIAMI, FLORIDA 33147

TITLE BM
NAME ELOISE B. JOHNSON
8841 N.W. 14th AVENUE
MIAMI, FLORIDA 33147