2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N05000009848

Entity Name: POMPANO CHARTER MIDDLE SCHOOL, INC.

Current Principal Place of Business:

3311 N ANDREWS AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4364 NW 103RD TERRACE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-3539912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RONALD, RENNA P
4363 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: PRES ( ) Delete
Name: HACKETT, PATRICIA
Address: 8749 NW 9TH PLACE
City-St-Zip: PLANTATION, FL 33324

Title: DIR ( ) Delete
Name: GOTZ, MARK H
Address: 154 NW MAGNOLIA LAKES BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DIR ( ) Delete
Name: GOMEZ, ANA
Address: 4911 NE 27TH TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DIR ( ) Delete
Name: CLEMONS, BONNIE
Address: 3311 N. ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DIR ( ) Delete
Name: FRIAS, MILDRED
Address: 3311 N. ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DIR ( ) Delete
Name: BROXTON, DANA
Address: 3311 N ANDREWS AVE
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
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: MONTES, STEVEN
Address: 3311 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33064

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: PAM HACKETT PRES 01/06/2008

Electronic Signature of Signing Officer or Director — Date