

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009851

FILED  
Jan 06, 2008  
Secretary of State

**Entity Name:** WEST BROWARD ELEMENTARY CHARTER SCHOOL, INC.

**Current Principal Place of Business:**

4364 NW 103RD TERRACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4364 NW 103RD TERRACE  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 20-3539985

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

Title: DIR ( ) Delete  
Name: STRADER, MICHAEL  
Address: 10320 NW 6TH STREET, SUITE 100  
City-St-Zip: CORAL SPRINGS, FL 33071

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DIR (X) Change ( ) Addition  
Name: COHAN, JENI  
Address: 4364 NW 103RD TERRACE  
City-St-Zip: SUNRISE, FL 33351

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