

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001332

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: SUNRISE CHARTER SCHOOL INC.

## Current Principal Place of Business:

6401 SUNSET STRIP  
SUNRISE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

6401 SUNSET STRIP  
SUNRISE, FL 33313

## New Mailing Address:

FEI Number: 03-0590774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARQUHARSON, AMOS N.  
6401 SUNSET STRIP  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

FARQUHARSON, AMOS N.  
6401 SUNSET STRIP  
SUNRISE, FL 33313 US

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: AMOS N. FARQUHARSON

01/04/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: FARQUHARSON, AMOS N.  
Address: 11701 NW 17 CT.  
City-St-Zip: PLANTATION, FL 33323

Title: S ( ) Delete  
Name: KING, CORINE  
Address: 6935 NW 29 CT.  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: GOLDING, ALSTON  
Address: 6861 NW 24 PL  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: FARQUHARSON, AMOS N.  
Address: 11701 NW 17 CT.  
City-St-Zip: PLANTATION, FL 33323

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 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: AMOS N. FARQUHARSON

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date