

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008248

FILED
Feb 16, 2009
Secretary of State

Entity Name: MIAMI COMMUNITY CHARTER MIDDLE SCHOOL, INC.

Current Principal Place of Business:

101 SW REDLAND ROAD
HOMESTEAD, FL 33034

New Principal Place of Business:

Current Mailing Address:

PO BOX 881237
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 26-0529065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTZ, MARK H
154 NW MAGNOLIA LAKES BLVD
PORT ST. LUCIE, FL 34986 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: DIR () Delete
Name: LLOYD, VALARIE
Address: 101 SW REDLAND ROAD
City-St-Zip: HOMESTEAD, FL 33034

Title: DIR () Delete
Name: DIAZ, MICHELLE
Address: 101 SW REDLAND ROAD
City-St-Zip: HOMESTEAD, FL 33034

Title: DIR () Delete
Name: ATILUS, ROSITA
Address: 101 SW REDLAND ROAD
City-St-Zip: HOMESTEAD, FL 33034

Title: DIR () Delete
Name: TORRES, ANA
Address: 101 SW REDLAND ROAD
City-St-Zip: HOMESTEAD, FL 33034

Title: DIR () Delete
Name: JENNINGS, JOHNNY
Address: 101 SW REDLAND ROAD
City-St-Zip: HOMESTEAD, FL 33034

Title: DIR () Delete
Name: THORTON, MATTHEW
Address: 101 SW REDLAND ROAD
City-St-Zip: HOMESTEAD, FL 33034

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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City-St-Zip:

Title: () Change () Addition
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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: MICHELLE DIAZ

DIR

02/16/2009

Electronic Signature of Signing Officer or Director

Date