

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009152

FILED
Sep 05, 2007
Secretary of State

Entity Name: THE OPA LOCKA CHARTER SCHOOL OF EXCELLENCE, INC.

Current Principal Place of Business:

13451 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13451 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCALL, A L
13451 ALEXANDRIA DRIVE
OPA LOCKA, FL FL 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCALL, A. L
Address: 13451 ALEXANDRIA DRIVE
City-St-Zip: OPA LOCKA, FL 33054

Title: VP () Delete
Name: TAYLOR, LILA E
Address: 2398 NW 119TH STREET
City-St-Zip: MIAMI, FL 33167

Title: SEC () Delete
Name: BROWN, SANTARVIS DR.
Address: 17531 NW 47TH AVENUE
City-St-Zip: MIAMI, FL 33055

Title: TREA () Delete
Name: FERGUSON, WILLIAM
Address: 2845 NW 135TH STREET
City-St-Zip: OPA LOCKA, FL 33054

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:

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: A. L. MCCALL

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date