## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000006540

FILED May 28, 2009 Secretary of State

Entity Name: BROWARD COUNTY CHARTER SCHOOL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4850 N. STATE RD. 7, BLDG. G. SUITE 111 LAUDERDALE LAKEŚ, FL 33319 **Current Mailing Address: New Mailing Address:** 4850 N. STATE RD. 7, BLDG. G, SUITE 111 LAUDERDALE LAKES, FL 33319 FEI Number: 26-4617253 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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: LOUDEN, G. HORATIO 5035 SABRELINE TERRACE GREENACRES, FL 33463 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOUDEN, G. HORATIO Name: Name: 5035 SABRELINE TERRACE Address: Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: LYNCH, LINDA Name: Address: 3413 NW 111 TERR Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GAYLE-NICHOLSON, JACQUELINE Name: ARCHIBALD, VERONICA Name: Address: 7555 LIVE OAK DR. Address: 4971 NW 53RD AVE City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: COCONUT CREEK, FL 33073 Title: ( ) Delete Title: () Change () Addition Name: LOUDEN, WINSOME Name: Address: 5035 SABRELINE TERR. Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition BARNETT, JOYCELYN Name: Name: 1418 6TH ST Address: Address: City-St-Zip: City-St-Zip: W PALM BEACH, FL 33401

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: G. HORATIO LOUDEN P 05/28/2009