2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006540

FILED Apr 26, 2010 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 5481 NORTH STATE ROAD SEVEN.

LAUDERDALE LAKEŚ, FL 33319 TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

4850 N. STATE RD. 7, BLDG. G, SUITE 111 5481 NORTH STATE ROAD SEVEN.

LAUDERDALE LAKES, FL 33319 TAMARAC, FL 33319

FEI Number: 26-4617253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOUDEN, G. HORATIO 5035 SABRELINE TERRACE GREENACRES, FL 33463 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: PD

Name: LOUDEN, G. HORATIO
Address: 5035 SABRELINE TERRACE
City-St-Zip: GREENACRES, FL 33463

Title: VD

Name: LYNCH, LINDA

Address: 6354 WEST SAMPLE ROAD City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD

Name: ARCHIBALD, VERONICA
Address: 4971 NW 53RD AVE
City-St-Zip: COCONUT CREEK, FL 33073

City-St-Zip: COCONOT CREEK, FL 33073

Title: TD

Name: LOUDEN, WINSOME
Address: 5035 SABRELINE TERR.
City-St-Zip: GREENACRES, FL 33463

Title: D

Name: BARNETT, JOYCELYN

Address: 1418 6TH ST

City-St-Zip: W PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: GIFFORD LOUDEN PD 04/26/2010