

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90041 032 ****66.25

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DOCUMENT # N96000002605

1. Corporation Name

THE LIBERTY CITY CHARTER SCHOOL PROJECT, INC.

Principal Place of Business

**8700 N.W. 5TH AVENUE
MIAMI FL 33150**

Mailing Address

**8700 N.W. 5TH AVENUE
MIAMI FL 33150**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/14/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0683143

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, MARK D
C/O STAIK, FERNANDEZ & ANDERSON
201 S. BISCAYNE BLVD., SUITE 3250
MIAMI FL 33128**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1200 Brickell Ave, Suite 950**

84 City **Miami**

85 Zip Code **FL 33131-3250**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD BUSH, JOHN ELLIS**
STREET ADDRESS **8700 N.W. 5TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33150**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD FAIR, T. WILLARD**
STREET ADDRESS **8700 N.W. 5TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33150**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **CD WALLACE, MARK DAVID**
STREET ADDRESS **201 S. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33128**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD WILSON, KATRINA**
STREET ADDRESS **8700 N.W. 5TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33150**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

(305) 751-2700
Daytime Phone #

CR2E037 (1/198)