


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90016 004 \*\*\*\*70.00

<b>DOCUMENT # N96000002605</b> 1. Entity Name <b>THE LIBERTY CITY CHARTER SCHOOL PROJECT, INC.</b>					
Principal Place of Business <b>8700 N.W. 5TH AVENUE MIAMI, FL 33150</b>			Mailing Address <b>8700 N.W. 5TH AVENUE MIAMI, FL 33150</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0683143</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON-DAVIS, KATRINA 8700 NW 5TH AVE MIAMI, FL 33150</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FAIR, T. WILLARD</b>		NAME		
STREET ADDRESS	<b>8700 N.W. 5TH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILSON, KATRINA</b>		NAME	<b>Wilson-Davis, Katrina</b>	
STREET ADDRESS	<b>8700 N.W. 5TH AVENUE</b>		STREET ADDRESS	<b>8700 NW 5th Avenue</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>		CITY-ST-ZIP	<b>Miami, FL 33150</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRVANT, COCTELL V DR</b>		NAME	<b>Bryant, Castell Vaughn, Dr.</b>	
STREET ADDRESS	<b>1137 NW 27TH AVE., RM 1322</b>		STREET ADDRESS	<b>950 NW 20th St</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33167</b>		CITY-ST-ZIP	<b>Miami, FL 33127</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NOHANI, COURTNEY</b>		NAME	<b>Bunningham, Courtney</b>	
STREET ADDRESS	<b>225 CATALINA AVE</b>		STREET ADDRESS	<b>225 Catalina Avenue</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PERRY, CHEN</b>		NAME	<b>Perry, Cheri</b>	
STREET ADDRESS	<b>160 NW 158TH STREET</b>		STREET ADDRESS	<b>160 NW 158th Street</b>	
CITY-ST-ZIP	<b>NORT MIAMI BEACH, FL 33169</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33169</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUNTT, MOICES MR</b>		NAME	<b>Anita Jones</b>	
STREET ADDRESS	<b>6601 EAST 8TH AVE</b>		STREET ADDRESS	<b>60 NW 91st Street</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>		CITY-ST-ZIP	<b>Miami, FL 33150</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Katrina Wilson-Davis</i> <i>Katrina Wilson-Davis</i> 604-444-9177					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					