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Jun 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004227 (2)

1. Corporation Name

THE CHARTER FOUNDATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 70151
FT. LAUDERDALE FL 33307

P.O. BOX 70151
FT. LAUDERDALE FL 33307-0151

2. Principal Place of Business

2a. Mailing Address

21 2500 N. Federal Hwy
Suite, Apt. #, etc.
22 100

23 City & State
Ft Lauderdale, Florida

24 Zip 33305 Country USA

9. Name and Address of Current Registered Agent

JOHNSON, GARRY W
110 S.E. 6TH ST. 28TH FLOOR
TRIPP SCOT CONKLIN & SMITH
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified
08/13/1996

3a. Date of Last Report
N/A

4. FEI Number

Applied for

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAGE, JONATHAN K | |
| STREET ADDRESS | 1045 S.E. 6TH AVENUE | |
| CITY-ST-ZIP | DANIA FL 33304 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ARTHUR, TERRY | |
| STREET ADDRESS | 1045 S.E. 6TH AVENUE | |
| CITY-ST-ZIP | DANIA FL 33304 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, GARRY W | |
| STREET ADDRESS | 110 S.E. 6TH ST. 28TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARSHALL, J S | |
| STREET ADDRESS | P.O. BOX 13894 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32317-3894 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FORMAN, HAMILTON C | |
| STREET ADDRESS | 1850 ELLER DRIVE SUITE 503 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33318 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | D Arthur, Terrence R. |
| 2.3 STREET ADDRESS | 2820 NW 41st Ave |
| 2.4 CITY-ST-ZIP | Coconut Creek, FL 33066 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E037 (9/96)