

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002935

1. Entity Name
**JOSEPH LITTLES/NGUZO SABA CHARTER SCHOOL,
INC.**



Principal Place of Business
**5829 CORPORATE WAY
2ND FLOOR
W. PALM BCH, FL 33407 US**

Mailing Address
**PO BOX 4215
W. PALM BCH, FL 33402 US**



07062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0869595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GEUKA, AMEFIKA D
1920 EMBASSY DRIVE
WEST PALM BEACH, FL 33401-1003**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBC BRENNEN, MICHAEL 3518 AVENUE MONTESSOR DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAZARD, ROBERT 1607 40TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESD GEUKA, AMEFIKA D 1920 EMBASSY DR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR ROBINSON, FELISA A 1233 45TH ST #5 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SCOTT, RICHARD REV 135 MEADOWLAND DRIVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Amefika D. Geuka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amefika D. Geuka 7/6/04 (561) 689-9970