

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002935

FILED  
Apr 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5829 CORPORATE WAY  
W. PALM BCH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4215  
W. PALM BCH, FL 33402 US

**New Mailing Address:**

**FEI Number:** 65-0869595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, RICHARD R  
3800 WASHINGTON ROAD  
#407  
WEST PALM BEACH, FL 33405 US

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

SMART, DELORES  
551 SILVER BEACH RD  
RIVIERA BEACH, FL 33404 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: DELORES SMART

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GEUKA, AMEFIKA D  
Address: 1920 EMBASSY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V ( ) Delete  
Name: WHITE, STEVE A  
Address: P.O. BOX 10142  
City-St-Zip: RIVIERA BEACH, FL 33419

Title: BM ( ) Delete  
Name: THOMPSON, PAULA N  
Address: 1555 MARTIN LUTHER KING BLVD APT. K201  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: BM ( ) Delete  
Name: HAZARD, ROBERT  
Address: 1607 40TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S ( ) Delete  
Name: SCOTT, RICHARD  
Address: 3800 WASHINGTON ROAD #407  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: BM ( ) Delete  
Name: PATERSON, YVONNE  
Address: 3908 AUSTRALIAN AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DELORES SMART

MS

04/22/2009

Electronic Signature of Signing Officer or Director

Date