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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

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1. Corporation Name

THE CENTRAL CHARTER SCHOOL FOUNDATION, INC.

Principal Place of Business  
4525 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319

Mailing Address  
4525 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/21/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

☒ 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

CALLOWAY, SIDNEY C  
200 EAST BROWARD BLVD. STE. 2000  
FORT LAUDERDALE FL 33301

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

3/24/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KENNEDY, ART  
STREET ADDRESS 2701 W. OAKLAND PARK BLVD. STE. 200  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Sylvia Poitier  
1.3 STREET ADDRESS 115 S. Andrews Avenue  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE D ☐ DELETE

NAME LAWSON, ROSA J  
STREET ADDRESS 2701 W. OAKLAND PARK BLVD. STE. 200  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME David Buckley, M.D.  
2.3 STREET ADDRESS 1322 Brickell Drive  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE D ☐ DELETE

NAME WEST, CHARLES  
STREET ADDRESS 500 EAST BROWARD BLVD. STE. 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33394

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Sidney C. Calloway  
3.3 STREET ADDRESS 200 E. Broward Boulevard, Suite 2000  
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE D ☐ DELETE

NAME MOORE, CARLTON  
STREET ADDRESS 6555 POWERLINE ROAD SUITE 214  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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 information.

SIGNATURE:

SIGNATURE REQUIRED

2/9/99

954-524-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)