


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000007214	
1. Entity 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
---	---



07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0990525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CALLOWAY, SIDNEY C ESQ 200 EAST BROWARD BLVD. STE. 2000 FORT LAUDERDALE, FL 33301

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 **Sidney C. Calloway, Esq.** **7-12-04**
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KENNEDY, ART 4525 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, ROSA J 4525 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEST, CHARLES 4525 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, SIDNEY C 4525 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITIER, SYLVIA 4525 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURRELL, ANTHONY REV 4525 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319

DO NOT WRITE IN THIS SPACE

U00000167831
07/22/04-80011-003 70.00

12. 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 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:  **7/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #