[redacted]
01-30-2003 90143 030 ****77.00
N98000007214

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/ FILED
03 MAR -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007214

1. Entity Name
THE CENTRAL CHARTER SCHOOL FOUNDATION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR See Attached please ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 +8.75

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP KENNEDY, ART 4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWSON, ROSA J 4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WEST, CHARLES 4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLOWAY, SIDNEY C 4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POITIER, SYLVIA 4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURRELL, ANTHONY REV 4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 1/27/03 (954)735-6295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 03-22-2000
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 65-0990525
FORM: SS-4
0716905128 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040

CENTRAL CHARTER SCHOOL FOUNDATION
% ROSA J LAWSON
4525 N STATE RD 7
LAUDERDALE FL 33319

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0990525. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 1-200

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0716905128

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 03-22-2000
EMPLOYER IDENTIFICATION NUMBER: 65-0990525
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

CENTRAL CHARTER SCHOOL FOUNDATION
% ROSA J LAWSON
4525 N STATE RD 7
LAUDERDALE FL 33319