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

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90038 025 ****61.25

DOCUMENT # N99000003234

1. Entity Name
Center for Comprehensive School Reform, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Nova Southeastern Univ.
Suite, Apt. #, etc.
1750 NE 167th St.
City & State
North Miami Bch., FL.
Zip 33162 Country U.S.A.

3. Mailing Address
1860 NW 42nd St.
Suite, Apt. #, etc.
City & State
Ft. Lauderdale, FL.
Zip 33309 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0948826
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Ron L. Rapp
Street Address (P.O. Box Number is Not Acceptable):
1860 NW 42nd St.
City: Ft. Lauderdale, FL. Zip Code: 33309

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.

SIGNATURE: Ron L. Rapp Ron L. Rapp, Executive Director 4-28-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

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

10. OFFICERS AND DIRECTORS

TITLE (D) NAME Ron L. Rapp STREET ADDRESS 1860 NW 42nd St. CITY-ST-ZIP Ft. Lauderdale, FL. 33309	
TITLE NAME Fern Deal STREET ADDRESS 1930 Jodean Rd. CITY-ST-ZIP Lima, Ohio 45866	
TITLE NAME Kim Collins STREET ADDRESS 1251 Wells St. CITY-ST-ZIP Valparaiso, IN. 46385	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037E (12/01)

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 on an attachment with an address, with all other like empowered.

Ron L. Rapp Ron L. Rapp 4-28-02 (954)401-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #