

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006446

**Entity Name:** LEARNING EXCELLENCE FOUNDATION OF WEST BROWARD COUNTY, INC.**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC1857150425****Current Principal Place of Business:**2500 GLADES CIRCLE  
WESTON, FL 33327**Current Mailing Address:**C/O JULIE F. KLAHR, ESQ., GOREN, CHEROF, DOODY & EZROL, P.A.  
3099 EAST COMMERCIAL BOULEVARD SUITE 200  
FORT LAUDERDALE, FL 33308 US**FEI Number: 65-1125969****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KLAHR, JULIE F ESQ.  
GOREN, CHEROF, DOODY & EZROL, P.A.  
3099 EAST COMMERCIAL BOULEVARD SUITE 200  
FORT LAUDERDALE, FL 33308 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: JULIE F. KLAHR****04/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	STROZE, PRISCILLA P
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	PRESIDENT
Name	FRANCEY, DONALD N
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	PARENT LIAISON
Name	RADHIKA, PAUL
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	VP
Name	ROYAL/BARNES, ERICA
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	SECRETARY
Name	ALLEN, SYLVIA
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	BOARD MEMBER
Name	ROYAL, PASCALE
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	BOARD MEMBER
Name	MONTAN, JASON
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2500 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

Title	TREASURER
Name	GARCIA, JHANET
Address	C/O IMAGINE CHARTER SCHOOL AT WESTON 2055 GLADES CIRCLE
City-State-Zip:	WESTON FL 33327

I hereby 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 all other like empowered.

**SIGNATURE: DONALD FRANCEY****PRESIDENT****04/17/2018**

