

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007218

**Entity Name:** FLORIDA CHARTER FOUNDATION, INC.

**Current Principal Place of Business:**

1225 SE 2 AVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1225 SE 2 AVE  
FT LAUDERDALE, FL 33316

**FEI Number:** 27-2123983

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SZNITKEN, SCOTT  
1225 SE 2 AVE  
FT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name THOMAS, DAVID MD,JD  
Address 1225 SE 2ND AVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title D  
Name GREENBERG, JACQUELINE  
Address 1225 SE 2ND AVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title D  
Name ARCABASCIO, CATHERINE  
Address 1225 SE 2ND AVE  
City-State-Zip: FT. LAUDERDALE FL 33316

Title D  
Name LONSDALE, ALEXANDRA  
Address 1225 SE 2ND AVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name ORSHEFSKY, DEBBIE  
Address 1225 SE 2 AVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title SECRETARY  
Name SZNITKEN, SCOTT  
Address 1225 SE 2 AVE  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** SCOTT SZNITKEN

**REGISTERED AGENT**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date