

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011833

Entity Name: COMMUNITY CHARTER SCHOOL OF EXCELLENCE, INC.**Current Principal Place of Business:**11604 N 15TH ST
TAMPA, FL 33612**Current Mailing Address:**11604 N 15TH ST
TAMPA, FL 33612 US**FEI Number:** 26-1919527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILLEN, SCOTT D
11604 N 15TH ST
TAMPA, FL 33612 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:** SCOTT GILLEN

04/23/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	EDWARDS, ROMAINA A
Address	8303 LEEVE LANE
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	VP
Name	WEINEL, DAWN
Address	5123 COUNTRYSIDE DRIVE
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	ALPERT, JASON P
Address	410 S ARMENIA AVE UNIT #939C
City-State-Zip:	TAMPA FL 33609

Title	SECRETARY
Name	CALDWELL, CARLI
Address	1190 W WASHINGTON ST SPH-813
City-State-Zip:	TAMPA FL 33602

Title	PARENT LIASON
Name	REEVES, ANGIE
Address	509 W 129TH AVE
City-State-Zip:	TAMPA FL 33612

Title	PARENT LIASON
Name	HOLBROOKS, MELISSA
Address	1906 E 97TH AVE
City-State-Zip:	TAMPA FL 33612

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: ROMAINA EDWARDS

PRESIDENT

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date